

1-10-16-10M

—PRESENTED TO—

S. D. A.  
PER



The New York Academy of Medicine

By Indiana Medical Society

19











Digitized by the Internet Archive  
in 2015

# *THE JOURNAL*

*OF THE*

## *INDIANA STATE MEDICAL ASSOCIATION*

DEVOTED TO THE INTERESTS OF THE MEDICAL PROFESSION OF INDIANA

ISSUED MONTHLY

UNDER THE DIRECTION OF THE COUNCIL

ALBERT E. BULSON, JR., B.S., M.D., F.A.C.S.  
Editor and Manager

OFFICE OF PUBLICATION:  
406 W. Berry Street - - FORT WAYNE, IND.

---

### INDEX TO VOLUME XII

JANUARY TO DECEMBER, INCLUSIVE, 1919





# THE JOURNAL OF THE Indiana State Medical Association

Owned, Published and Controlled by the Indiana State Medical Association

ISSUED MONTHLY under the Direction of the Council

VOLUME XII  
NUMBER 1

FORT WAYNE, IND., JANUARY 15, 1919

PER YEAR \$1.50  
SINGLE COPY 20 CENTS

## CONTENTS

ORIGINAL ARTICLES		PAGE	EDITORIALS		PAGE
Relation of Pulse Pressure and Kidney Function to Operative Prognosis. John Osborn Polak, M.D., Brooklyn..	1		Influenza Relapses .....	11	
Management of Eye Cases by the General Practitioner. A. L. Marshall, M.D., Indianapolis.....	4		One Standard for the Practice of Medicine.....	11	
Anesthesia in Curriculum and Clinic. W. D. Gatch, M.D., Indianapolis .....	6		All-Year Medical Schooling .....	12	
Cesarean Section and Obstetric Operations Under Nitrous Oxid-Oxygen Anesthesia. E. I. McKesson, M.D., Toledo, Ohio.....	8		Pneumonia Prophylaxis .....	13	
			The Medical Reserve Corps.....	13	
			Editorial Notes .....	15	

(Continued on Advertising Page iii)

NEXT ANNUAL SESSION, INDIANAPOLIS, SEPT. 24, 25, 26, 1919.

LIST OF OFFICERS AND COMMITTEES ON ADV. PAGE 2.

ENTERED AS SECOND CLASS MATTER, JANUARY 20, 1908, AT THE POSTOFFICE AT FORT WAYNE, INDIANA, UNDER ACT OF CONGRESS OF MARCH 3, 1879. ACCEPTED FOR MAILING AT SPECIAL RATE OF POSTAGE PROVIDED FOR IN SECTION 1103, ACT OF OCTOBER 3, 1917, AUTHORIZED OCTOBER 18, 1918.

## Modern Treatment of Venereal Diseases

### Systematic Treatment of Gonorrhea—Lumb.

THIS thoroughly practical handbook is an outcome of Great Britain's campaign against venereal disease during the war. The establishment of great treatment centers afforded unrivaled opportunities for the close observation and recording of thousands of cases, and the careful checking of the results of various methods of treatment.

The therapeutic measures described in this book are those which were found to be most valuable, and to give the best results in actual practice. Vaccine therapy is fully covered, as are examination of urine, prostatitis and other complications, test of cure, etc.

12mo, 119 pages. By Captain N. P. L. LUMB, Royal Army Medical Corps.

Cloth, \$1.50 net

### Cabot's Modern Urology.

By America's Foremost Urologists.

Two octavo volumes of over 700 pages each, with 632 engravings and 17 plates.

Cloth, per volume, \$7.00 net.

### Venereal Diseases—Hayden.

4th Edition

12mo, 356 pages with 133 illustrations. By JAMES R. HAYDEN, M.D., College of Physicians and Surgeons, Columbia University.

Cloth, \$2.50 net.

### Syphilis and Public Health—Vedder.

12mo, 315 pages. By COL. EDWARD B. VEDDER, M. C., U. S. Army.

Cloth, \$2.25 net.

### Syphilis—Thompson.

Octavo, 415 pages, with 77 engravings and 7 colored plates. By LOYD THOMPSON, PH.B., M.D., physician to the Syphilis Clinic, Government Free Bath House; Visiting Urologist to St. Joseph's Hospital, Hot Springs, Ark., etc.

Cloth, \$4.25 net.

PHILADELPHIA

LEA & FEBIGER

NEW YORK

# THE INDIANA STATE MEDICAL ASSOCIATION

Next Annual Session, Indianapolis, September 24, 25 and 26, 1919

## OFFICERS AND COMMITTEES FOR 1919

President.....W. H. STEMM, North Vernon  
 First Vice-President.....L. L. WHITESIDES, Franklin  
 Second Vice-President.....STEPHEN B. SIMS, Frankfort  
 Third Vice-President.....H. B. HILL, Logansport  
 Secretary-Treasurer.....CHARLES N. COMBS, Terre Haute  
 Executive Secretary, FREDERICK E. SCHORTEMEIER, 314 Hume-Mansur Building, Indianapolis.

## SECTION OFFICERS

Surgical Section—Chairman, Goethe Link; Vice-Chairman, H. K. Bonn; Secretary, H. O. Shafer.  
 Medical Section—Chairman, V. V. Cameron; Vice-Chairman, A. C. Kimberlin; Secretary, Jane Ketcham.  
 Eye, Ear, Nose and Throat Section—Chairman, John R. Newcomb, Indianapolis; Secretary, E. M. Shanklin, Hammond.

## DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION

For one year (term expires December 31, 1919), Charles Stoltz, South Bend; Albert E. Bulson, Jr., Fort Wayne. Alternates, E. E. Evans, Gary; H. B. Hill, Logansport. For two years (term expires December 31, 1920), Joseph Rilus Eastman, Indianapolis. Alternate, Miles F. Porter, Fort Wayne.

## COUNCILORS

Chairman, G. W. H. Kemper, Muncie.

DISTRICT	TERM EXPIRES	DISTRICT	TERM EXPIRES
1st—J. Y. Welborn, Evansville.....	December 31, 1920	7th—T. B. Eastman, Indianapolis.....	December 31, 1920
2d—J. B. Maple, Shelbyburn.....	December 31, 1918	8th—G. W. H. Kemper, Muncie.....	December 31, 1918
3d—Walter Leach, New Albany.....	December 31, 1919	9th—William R. Moffitt, Lafayette.....	December 31, 1919
4th—A. G. Osterman, Seymour.....	December 31, 1920	10th—E. M. Shanklin, Hammond.....	December 31, 1920
5th—Spencer M. Rice, Terre Haute.....	December 31, 1918	11th—G. G. Eckhart, Marion.....	December 31, 1918
6th—O. J. Gronendyke, Newcastle.....	December 31, 1919	12th—E. E. Morgan, Fort Wayne.....	December 31, 1919
		13th—H. M. Miller, South Bend.....	December 31, 1920

## COMMITTEES

COMMITTEE ON ADMINISTRATION AND MEDICAL DEFENSE—Permanent Members, President (W. H. Stemm, North Vernon) and Editor and Manager of THE JOURNAL, Albert E. Bulson, Jr., Fort Wayne; E. M. Shanklin, Hammond (term expires December 31, 1921); Frank B. Wynn, Indianapolis (term expires December 31, 1920); E. O. Daniels, Marion (term expires December 31, 1919).

COMMITTEE ON SCIENTIFIC WORK—H. O. Shafer, Rochester; Jane Ketcham, Indianapolis; E. M. Shanklin, Hammond; Charles N. Combs, ex-officio, Terre Haute.

COMMITTEE ON CREDENTIALS—George W. Spohn, Elkhart; P. C. Bentle, Greensburg; F. E. Schortemeier (executive secretary) Indianapolis.

COMMITTEE ON NECROLOGY—G. W. H. Kemper, Muncie.

COMMITTEE ON PUBLICATION—The Council and A. E. Bulson, Jr., Fort Wayne.

COMMITTEE ON SCIENTIFIC EXHIBIT—B. D. Myers, Bloomington; Bernard Erdman, Indianapolis; A. G. Osterman, Seymour; H. W. McDonald, Newcastle; William A. Thompson, Liberty; A. E. Bulson, Jr., Fort Wayne; F. E. Schortemeier (executive committee) Indianapolis.

### FREE

Sterile  
Specimen  
Containers  
Slides  
Culture  
Media and  
Complete  
Fee Table  
on request

Write or  
Wire

## Clinical Laboratory Analyses

The kind of clinical laboratory work that commands respect

Wassermann and other complement fixation tests ...\$5.00

Autogenous Vaccines. In single vials or ampules ..\$5.00

Lange Colloidal Gold test of Spinal fluid .....\$5.00

Tissue Diagnoses. Frozen section, paraffin or celloidin \$5.00

### ABDERHALDEN PREGNANCY and other

Abderhalden reactions.....\$5.00

### MILK, FOOD, SANITARY AND TOXOLOGICAL INVESTIGATIONS

Accurate Analyses of All Secretions, Excretions and Body Fluids

ESTABLISHED BY  
DR. M. HERZOG  
DR. H. C. SWEANY  
DR. MEYER D.  
MOLEDEZKY  
DIRECTOR

*Laboratory of*  
**PATHOLOGY AND BACTERIOLOGY**  
THE MOST MODERN EQUIPPED LABORATORIES IN THE U.S.

1130 MARSHALL FIELD ANNEX—25 E. WASHINGTON ST.

PHONE  
RANDOLPH  
6552-6553  
CHICAGO  
ILL.

# THE JOURNAL

OF THE

## INDIANA STATE MEDICAL ASSOCIATION

DEVOTED TO THE INTERESTS OF THE MEDICAL PROFESSION OF INDIANA

ISSUED MONTHLY under Direction of the Council

ALBERT E. BULSON, Jr., B.S., M.D., Editor and Manager

OFFICE OF PUBLICATION: 406 West Berry Street, FORT WAYNE, INDIANA

VOLUME XII

FORT WAYNE, IND., JANUARY 15, 1919

NUMBER 1

### ORIGINAL ARTICLES

#### RELATION OF PULSE PRESSURE AND KIDNEY FUNCTION TO OPERATIVE PROGNOSIS \*

JOHN OSBORN POLAK, M.Sc., M.D., F.A.C.S.  
Prof. Obstetrics and Gynecology, Long Island College Hospital,  
Brooklyn

BROOKLYN

During the past two years, at the Long Island College Hospital, we have made an attempt to determine the *clinical value of preoperative pulse pressure* and its relation to kidney function in the operative prognosis of gynecologic patients. This study has been carried out along with our routine preoperative and postoperative blood pressure and blood studies, the preliminary report of which has already been presented to the American Gynecological Society at its 1917 meeting and published in their transactions. The conclusions of this former study will be given at the close of this brief discussion.

In order to make these determinations, the following preoperative routine has been adopted: On admission the cardiac force of each patient is studied in the following manner: The systolic and diastolic pressure is taken with the patient in the recumbent position, and the pulse pressure noted as *at rest*. The patient is then seated on a stool and instructed to raise the arms and extend and flex the forearms for two minutes, when the systolic and diastolic pressures are again taken and the pulse pressure noted and recorded, as *after moderate exercise*. Finally the patient is made to stand up with the legs spread apart and a pound weight lying between the feet, when she is directed to raise the weight up over her head, then lower it between her legs again, then raise it again, first ten times, then

twenty times. The rate of the heart action is, of course, accelerated and the systolic pressure raised, but if the heart muscle is of good quality little or no change is noted in the pulse pressure.

The value of such a test is at once apparent in estimating the quality of the cardiac muscle; especially in those women who have been ill with infective diseases for a long time.

We next make a preoperative estimation of the *sulphophenolphthalein* output of each patient, to estimate the renal function. We have found that, averaging the normal pulse pressure at 35 millimeters, the "phthalein" output for two hours, in the normal case, averages about 60 per cent. Where the pulse pressure is high, say 60 or 70 millimeters, the "phthalein" reading will be either high or low, depending on the state of the kidney structures. When the reading is low, the pulse pressure has to be relatively high to compensate for the diminished renal function. On the other hand, when the "phthalein" reading is low, say 20 or 30 per cent. in two hours, and the pulse pressure also low, the patient has proven to be a poor operative risk and the cardiac muscle is always questionable. These patients have given us trouble in their postoperative course.

Our only fatal case, of postoperative cardiac dilatation, showed a preoperative pulse pressure of 24 and a "phthalein" output of only 29 per cent. Under ether stimulation and the Trendelenburg posture, the pulse pressure was maintained throughout the entire operation at 30 millimeters, but promptly on her return to bed and after the effect of the ether had worn off, the pressure dropped to 20 millimeters, and resisted all known methods to raise it. The patient died five and one-half hours after coming from the operating room.

Such an experience led us to make a further study of the effect of ether on renal function as shown by the phenolsulphonephthalein output.

Our routine has been, for several years, to

\* Read at the joint meeting of the Interstate Association of Anesthetists and the Indiana State Medical Association at Indianapolis, Sept. 26, 1918.



watch the pulse pressure during anesthesia and to take the systolic and diastolic pressures *immediately at the close of every operation*, while the patient was still under ether stimulation, *again in six hours and again in twenty-four hours*, and a record of the pulse rate *every fifteen minutes for the first six hours*. In shock or hemorrhage the pressure is taken every hour until reaction has taken place. A complete blood count and hemoglobin estimation is also made immediately on the return of the patient from the operating room. *This gives us a control for comparison with pressures and counts*, should complications occur in the subsequent postoperative course. *No step in our routine has been of more clinical value than this detail*, as by it alone and in conjunction with blood pressure readings, we have been able to differentiate between hemorrhage shock and postoperative cardiac dilatation.

*Six hours after operation the first "phthalein" estimation is made of the kidney function.* A catheter is left in place for two hours and the readings made from the collected urine. So far in our work *one interesting observation has been noted, namely, that notwithstanding the diminished urinary output which always follows the administration of ether in the first few hours, there is only a negligible change, usually not over 10 per cent. in the "phthalein" eliminated, provided the pulse pressure has remained normal.*

But three exceptions to this constant observation have been noted, *one a nephrectomy for a large cystic kidney where the immediate effect of removal of the kidney was to reduce the "phthalein" output from 85 per cent. preoperative to 29 per cent. postoperative, yet within thirty hours the output had increased to 65 per cent.*

Another exception was a myomectomy in which there was considerable blood loss during the operation with a consequent fall in pulse pressure a half grain of morphin was used during the last half of the operation while the administration of ether was suspended. The operation was followed by severe shock, the blood pressure fell to 78 over 55 millimeters, and remained so for several hours. The urinary output in the first twenty-four hours was 4 ounces and the "phthalein" elimination only 20 per cent. It took seventy-two hours before the urinary output and kidney function approached the preoperative record. This is a good illustration of the relation of pulse pressure to kidney function.

A third case, which shows a marked discrepancy between preoperative and postoperative readings, was that of a woman with a large subvesical myoma, who was subjected to a total hysterectomy. Her hemoglobin on admission was only 40 per cent. The systolic pressure 150 over a diastolic of 110 millimeters. This patient showed a preoperative functional "phthalein" of 65 per cent. after twenty-four hours of preoperative rest. She had a light ether anesthesia of nearly an hour, supplemented by a half grain of morphin during the operation. She left the operating table with a pulse of 80 of good quality and a pressure of 155 over 115 millimeters. Her "phthalein" at the end of six hours was 20 per cent. and only 10 ounces of urine was secreted in the first twenty-four hours. This increased to 26 ounces in the second twenty-four hours as did her "phthalein" which rose to 40 per cent.

These two instances suggest to us that while *morphin definitely minimizes the shock and may be used to advantage when the patient is fully anesthetized to complete the operation without the further administration of ether*, it has the effect of diminishing the urinary output in the first few hours after operation.

In the second case, the low pressures may have had a direct bearing on the kidney output, but in the last the pressure remained constant and cannot be credited with inhibiting kidney function, nor in this case was there any blood loss or shock, hence I feel that it is fair to conclude that the diminished output was directly due to morphin.

From this short study, which now includes more than 200 consecutive abdominal cases, we feel justified in drawing the following conclusions:

1. That the pulse pressure is a test of the muscular strength of the individual woman's heart, when endocardial lesions can be excluded.
2. That the efficiency of the kidney function is directly dependent on the cardiac force of the individual, provided the kidney structures are normal or approximate the normal.
3. That ether anesthesia of an hour does not disturb the relation of pulse pressure to kidney function unless the operation is accompanied by considerable blood loss.
4. That when the preoperative kidney function is low the pulse pressure must be relatively high to compensate for the deficiency, as it does no good to add saline by skin or bowel or infusion unless there is sufficient cardiac strength to take it up and carry it along.

5. That *when both the pulse pressure and "phthalein" output are low the operative prognosis should be guarded.*

6. That *morphin in large doses during operation seems to help in diminishing the shock* but has a definite effect in diminishing the kidney output.

#### DISCUSSION

DR. W. E. BURGE, Urbana, Ill.: It is recognized that oxidation in the body is decreased during anesthesia. We have found that anesthetics of widely different constitution, such as ether, chloroform, nitrous oxid, and magnesium sulphate produce a decrease in catalase parallel with the decrease in oxidation, and the increase in the depth of the anesthesia by decreasing the output of catalase from the liver and by the direct destruction of the enzyme. It also had been found that whatever increased or decreased oxidation produced a corresponding increase or decrease in catalase. Hence the conclusion was drawn that anesthesia is due to the decrease produced in catalase with the resulting decrease in oxidation. Substances such as caffein and theobromin which antagonize the action of anesthetics were found to produce an increase in catalase by stimulating the liver to an increased output of this enzyme, and the antagonistic action of these substances was attributed to the increase in catalase. A more powerful anesthetic such as chloroform was found to be more effective in decreasing the output of catalase from the liver and in destroying this enzyme in vitro than a less powerful anesthetic such as ether. A quickly acting anesthetic such as nitrous oxid decreases catalase more quickly but less extensively than does a slower acting but more powerful anesthetic such as ether.

DR. ALBERT E. STERNE, Indianapolis, Ind.: I rise to ask a question of Dr. Polak. I noticed that in the cases presented by him the pressure was moderate in type. I would like to ask if he has had any experience with real hypertensive cases? Another thing, he spoke of a blood pressure without a numerator or denominator. It is manifestly a very different thing if you have a blood pressure of 30/180 or 30/120. The prognosis of the element of risk to the heart muscle itself, whether in medical or surgical cases, stands in direct proportion to the coefficient of strength in the heart muscle itself, and we must get the relationship between the systolic and the diastolic pressures accurately. And let me say that the systolic is usually understood to be the more important of the two; ordinarily that is erroneous, for the diastolic is the important pressure. The sys-

tolic may vary within large limits and have practically no prognostic significance, whereas variation of the diastolic, even within small limits, is an extremely important prognostic factor. I feel sure that the common run of the profession misinterprets the question of hypertension altogether, in the relation of hypertension to kidney function, which is the subject of Dr. Polak's paper. Take, for example, if you please, a moderate systolic compensation, let us say 180; a moderate diastolic, say 120; that would give you a difference of 60 points, or 60/180, as a coefficient of your heart force; that would be the normal one-third, the load which the heart muscle should carry. Such a case as that, as Dr. Polak has emphasized, is a compensatory problem as shown by the difference between the systolic and diastolic. That is a moderate hypertensive case only. On the other hand, take a case with systolic of 180 and a diastolic of 80 or less, and there you get in the first instance a heart coefficient of 100/180, or five-ninths, which is over the normal one-third, in fact, almost one-half. That is not a hypertensive case. Your prognosis there is distinctly worse, for the heart needs all that pressure to empty itself against the peripheral column of blood and to sustain the function of the kidney under normal conditions, and such a pressure as that should never be lowered. That is an effort on the part of nature to compensate for the defective kidney function; it needs that pressure. Such a case as that will usually die a heart death, whereas with a systolic of 180 and a diastolic of 140, whether you have anything in the urine indicative of what is commonly called chronic nephritis, that is, albumin, debris, casts, granular or otherwise, or not, that case is one of renal disease; it is a hypertensive nephritis. That case is far more likely to die a cerebral death; the prognosis is a vascular prognosis, not a cardiac prognosis. So, if Dr. Polak would kindly do so, I should like to have him speak to the point I mention, whether he has had any experience in actual cases of hypertension in association with the phase his paper mentions.

DR. J. O. POLAK, closing: In regard to the question of Dr. Sterne, I agree heartily with his explanation of the difference between the denominators in high blood pressure, and also as to the importance of the diastolic pressure. I have had several experiences with hypertension cases, and pure hypertension cases are not bad risks; but the class of cases the doctor describes, where you have a high pulse pressure with a low diastolic—these are the cases that should not have an anesthetic.



## MANAGEMENT OF EYE CASES BY THE GENERAL PRACTITIONER\*

A. L. MARSHALL, M.D.

Assistant Ophthalmologist Indiana University School

INDIANAPOLIS

It is a trite expression among doctors, other than those who make the eye a specialty, to say they know nothing about the eye. Many will add that they do not care to know more. It is gratifying, however, to see among the younger men, and especially among the medical students, a decided tendency to take advantage of the many helpful things that a working knowledge of the eye affords. The pronounced contact between the ophthalmologist and the surgeon and general man in the present great war will do much to establish the necessity for more ophthalmic information. It is the main purpose of this paper to stimulate, if possible, some further interest in eye conditions and thereby place in the hands of the general physician and surgeon other helps for more accurate diagnosis. Incidentally it is hoped that we may say something that will be of immediate assistance to doctors in their daily routine, parts of which are ophthalmic problems.

The general practitioner may not continue to treat a patient that shows a marked progressive loss of vision, for this symptom points unerringly to really serious and fatal eye conditions, some of which are glaucoma, intraocular tumors, most common of which is sarcoma, diseases of the optic nerve, retina and choroid. It is not advisable nor possible in so short a paper to take up and attempt to describe each of these conditions, but may we particularly call your attention to glaucoma. Glaucoma is not a disease *per se*, but rather is it a symptom complex. This paper is not concerned about the etiology and pathology, of which there is little definitely and positively known, but the symptoms you may all meet, as this is not an uncommon eye condition and it ought not be mistaken. A patient giving a history of attacks of hazy vision, during which attacks halos are seen about lights, later these attacks being accompanied by redness of the eyes and pain severe and neuralgic in character radiating to surrounding parts, with the eye under the touch of the two index fingers having the feel of a covered marble, is suffering with the disease most dreaded by eye specialists, glaucoma, and must not be treated for "neuralgia of the eye."

A physician may not tell any parent who has a child with a squinting eye that the child will outgrow its squint or that it must wait until it is old enough to submit to surgery. This advice borders on criminality, for if followed it will, in most cases, result in blindness in the squinting eye in a few months providing the squint be a constant one. This blindness is the result of disuse and a consequent failure of development of the macula. There is no pathology, as von Graefe has said, it is a case "where the doctor and the patient see nothing." It is the experience of the writer, from his service on local and advisory boards, to be compelled to reject for first class military service more men from this than any other cause. It is appalling what mischief has been done in these squint cases by ignorant advice. Squint should receive intelligent attention as soon as discovered. It is not always possible to eliminate the squint, but useful vision can be kept, and later, when the musculature has become more mature, surgery may be employed if necessary.

The general physician may not treat a patient where it is at all possible that a foreign body may have entered the globe. These cases are the hardest ones the eye specialist encounters. The responsibility and liability are too great for the general man to assume. There are some ophthalmologists who will not treat cases where the presence of a foreign body in the globe has been established, if they be not allowed to enucleate at once. This, of course, is the safe and easy way out, but most men prefer to recover the foreign body if possible, even though no vision be left and there remains the very remote possibility of a sympathetic ophthalmia. From the standpoint of cosmetic appearance and comfort to the patient the latter is the procedure of choice.

The general physician may, if he choose, do his refractions. Especially is this true if he be in the remote districts and it will be better done than if it be left to the itinerant spectacle vender or the local jeweler. His necessary equipment for this work is neither extensive nor formidable. A set of test lenses and charts for the near and distance will answer admirably. A workable knowledge of the retinoscope and its use will help, but is not entirely necessary. He will use a cycloplegic, one-half or 1 per cent. atropin solution in children and 2 per cent. homatropin in adults. Many ophthalmologists do not use a cycloplegic after the patient has reached the fortieth year, but it is the writer's practice to use it in all cases where there is no suspicion of increased tension. This practice

\* Read before the Indiana State Medical Association at the Indianapolis session, September, 1918.



not only uncovers latent hyperopia, even in the older patient, and allows an unobstructed inspection of the eye, but it impresses on the patient the difference between the superficial work of glass fitter and the thoroughness of the oculist. All doctors should bear in mind that a majority of headaches are due to refractive errors, and before running such a patient through the gamut of drugs and laboratory tests a careful examination of the refraction should be made. Under the last group the writer is addressing in particular the doctor in the small community where the immediate help of the specialist can not be obtained. The serious eye cases will present themselves and the doctor must know the danger signals, not only because he owes it to the patient but because he owes it to himself. A community, perhaps, will not know that a case diagnosed as "stomach trouble" went to an untimely death with pus in the belly, but in that community each man, woman and child will know of the eye case that was treated and lost, and should the case get into court both judge and jury are apt to suspend the respiration of the offending doctor when they determine the amount of damage sustained.

The general practitioner must treat conjunctivitis, but he will at all times bear in mind the possibility of a gonorrheal infection which is responsible for a large percentage of the cases of blindness encountered. An adult with gonorrhea of the genitalia, or a new born child manifesting any redness or undue secretions of the eyes must be attacked at once, and vigorously, with the prescribed treatment for gonorrheal conjunctivitis. In the adult it is extremely important that the noninfected eye be protected by a Buller's shield made of a watch glass and adhesive tape. It also is very important that the physician and all those about the patient be watchful that they do not by towels, cotton, contaminated finger, etc., transfer the infection to their own eyes. All patients being treated for gonorrhea should be repeatedly warned against the danger of allowing pus to enter the eye, and all obstetricians should instill freshly prepared 2 per cent nitrate of silver into the eyes of all new born babes. Old solutions of silver nitrate contain free nitric acid and will in themselves produce a conjunctivitis. The one drug of the widest range of adaptability in the treatment of conjunctivitis is argyrol, and it should be used in 20 or 25 per cent. solutions. Weaker solutions are generally innocuous.

The family physician will be called on in cases of cuts and tears of the lids and he must

take care of them. He will remember that the surgery here is not different from that in other parts of the body. Cuts and tears, where there is slight or no loss of tissue, must be carefully sutured as soon as seen. When the conjunctiva is involved it should be sutured carefully first and the line of lashes must be restored for cosmetic reasons. Fine silk is the suture of choice. It is extremely important in all such wounds to make sure that the offending body has not injured the cornea nor penetrated the globe.

It is surely not too much to say that every physician must have a working knowledge of the ophthalmoscope, especially since the invention of the electric instrument has rendered its use convenient and easy. Much time and energy are devoted by students and physicians in intricate laboratory tests to make a diagnosis that might be made often by a glimpse at the fundus, and yet most students have been or are being graduated from our schools without the ability to use this instrument. Isn't this a repetition of the fool going through the woods and seeing no firewood?

The general practitioner frequently must treat cases of foreign bodies, lime and chemical burns of the eye. When attempting to locate and remove a foreign body from the eye it is imperative that it be done under a good light, and its location may not be established oftentimes until it has been viewed from a number of angles. A 4 per cent. solution of cocain instilled into the eye will facilitate the inspection and render the removal painless. Removing these offending particles is a surgical operation and careful sepsis must be observed. Wounds made in this way should be well healed within twenty-four hours, and if they be not one should be on the lookout for infection or the presence of a foreign body within the globe.

Lime and chemical burns are very liable to prove serious by reason of the resulting cicatrix and adhesions. When these injuries are seen a thorough irrigation of the injured eye must be the rule. In case it be lime a solution of sugar and vinegar will prove helpful, as the sugar and lime forms a soluble compound.

Now, in conclusion, the writer is fully aware that he has not told you anything startling or strange, that he has not reported any original investigation, but he does hope that he has brought to your notice the fact that the eye is a part of the human anatomy, not something detached and unrelated, and as such is deserving of more study and attention on the part of general physicians.

## ANESTHESIA IN CURRICULUM AND CLINIC\*

W. D. GATCH, M.D.  
INDIANAPOLIS

I hope that the critical conditions confronting our profession and medical schools may impart a timely interest to this subject. The teaching forces of the latter have been reduced. The country needs, as never before, well trained physicians. New subjects, suddenly made important by the war, must be taught. The time demands a critical examination of our program of teaching to avoid waste of energy. We must plan to make each effort count, or the training of our graduates will suffer. Therefore, let us consider briefly the condition of the medical curriculum as a whole before assigning to the subject of anesthesia its position, relative importance, and method of presentation.

With the progress of medical knowledge new subjects are constantly being crowded into the course of study. Despite a gradual increase in the period of instruction up to the present duration of practically seven years, the crowding continues. This process has been carried to a limit at which it threatens to defeat important ends of medical instruction. I lately heard an officer of high rank in the government medical service declare that he does not expect recent graduates in medicine seeking admission to the public service to pass the examinations in anatomy and physiology. Experience, he said, has taught him that graduates from even the best of our schools have nearly always forgotten what they once knew of these subjects. Facing such facts it takes considerable temerity to advocate the introduction of a new subject into the curriculum, or a more extended presentation of a subject already there.

Now, if the only possible method of securing any increase in the students' knowledge were to add more hours or more courses to the schedule, then nothing short of grim necessity could at present justify any addition. But such is not the case. In planning our curriculum we have, I fear, lost sight of the fact that the progress of medical science tends as often to simplify instruction therein as to complicate it. Instead of assuming that the increase of knowledge makes it progressively more difficult to turn out a competent doctor, with the necessary corollary that a limit must be reached at which no com-

petent doctor can be produced, we are justified in assuming quite the reverse, or, more properly, that the difficulties will remain about stationary. The curriculum must be constantly modified. As fresh material is added, dead material must be cut away.

But the process of elimination is not the only available means of saving time and energy, thereby increasing the efficiency of our teaching. By a study of the best methods of presenting our subject matter and of making sure that our students master each topic as it is presented, we can do wonders in the same direction. We must consider the relative importance of different subjects, their proper correlation, in what order to present them, how to prevent needless duplication of study, how to direct the students' reading, and how to provide for adequate reviews. If, as teachers of medicine, we apply to our work these common sense efficiency methods, and above all have a clear conception of exactly what we wish to teach, the crowding of the curriculum will no longer trouble us.

The foregoing remarks on the present state of the medical curriculum have been introduced to disarm the prevalent prejudice against making any further demands on the medical student. If the arguments presented are valid, then we need not fear to introduce any instruction which a well trained physician should possess. If our graduates need more than we have been giving them about anesthesia, the fear of overcrowding the curriculum need not deter us from giving them the necessary information. What, then, are the claims of this subject to a place in the course of study?

That the faculties of our medical schools believe that some instruction in anesthesia is desirable, is shown by their answers to a questionnaire sent to them by a committee of the American Society of Anesthetists. Through the courtesy of this committee I was permitted to read these answers. They showed that nearly every school gives more or less instruction in anesthesia. It seems to the writer, however, that they also show a general failure to grasp the basic importance of the subject in modern surgery. Anesthesia is not an isolated topic, to be jammed somewhere into the course, but a fundamental principle, like asepsis, which must be applied to almost every phase of surgical treatment. Let us amplify this statement.

The discovery of anesthesia made modern surgery possible. As surgeons attempted more and more complicated and prolonged operations there had to be a corresponding improvement in the methods of combating pain. Better

\* Read at the joint meeting of the Interstate Association of Anesthetists and the Indiana State Medical Association, at Indianapolis, Sept. 26, 1918.



methods of administering general anesthetics were introduced and local anesthesia with its modifications were discovered and brought into general use. But the development of the subject did not stop here. It was found necessary, in order to increase the safety of operation, to study the effects of general and local anesthesia on the various physiologic and psychologic processes of the patient. These investigations in recent years have had the most far-reaching and beneficial effects. Witness the studies of surgical shock, of postoperative lung complications, of chloroform necrosis of the liver, and of the effects of anesthetics on the resistance of the tissues to disease. They have brought about a general realization of the importance of a thorough and scientific examination of the patient preliminary to operation, in order that he may be given the benefit of that form of anesthesia and of operative technic which will subject him to the least possible risk. Today this knowledge must be part of the equipment of everyone who attempts to do surgery, or who has charge of patients who may require surgery. We must, therefore, regard instruction in anesthesia as incomplete if it covers merely the technic of administration, important as this may be. It must be broadened to include the material which we have briefly outlined.

Objection may be taken to this broad conception of the importance of anesthesia, on the ground that it has been stretched to cover subjects which properly belong elsewhere. If so I have no quarrel with those who would limit what they term anesthesia to instruction in the actual administration of anesthetics. But I insist that that provision should be made somewhere for teaching the subjects I have discussed, and believe that they can most effectively be presented in connection with the subject of anesthesia.

In the first part of this paper I spoke of the simplification of instruction by proper correlation of subjects. It is my contention that no subject should be presented as a separate entity. Let me suggest the following plan, which I have found to work very well: In the second year a course termed surgical physiology is given. The purpose of this is to impress the students at the beginning of their course in surgery with the fundamental relations of physiology to surgical treatment. In this physiology of the respiration and circulation as affected by surgical diseases or procedures is studied. Here we discuss surgical shock, hemorrhage, the effects of asphyxia, methods of artificial respi-

ration, etc., and point out the relation of these matters to practical anesthesia. The students are encouraged to regard surgical operations as methods of correcting deranged physiologic processes. General anesthesia is taught with the conception that its fundamental object is to relieve pain and dangerous muscular movements while interfering as little as possible with the normal course of respiration and circulation. This not only makes it easy to impart the essential principles of anesthesia but also gives a valuable review of important parts of physiology. Most medical students have opportunities to administer anesthetics during their third and fourth years. This course enables them to do this with some degree of intelligence and profit. In the clinical work of the third and fourth year the same matters are frequently emphasized at the bedside and in the operating room. By this method we dispense with the necessity of a formal and distinct course in general anesthesia and present the subject in its proper relations to clinical medicine and operative surgery.

The foregoing instruction quite naturally includes such matters as the form of general anesthesia to be employed in different cases and the conditions under which general anesthesia should be replaced or supplemented by local or regional anesthesia. Where the latter methods are employed details as to strength of solutions, manner of injecting and the regional anatomy of the parts operated on are emphasized. The information on regional anatomy required for the intelligent use of local anesthetics is adequately covered by arrangement with the department of anatomy. This correlation furnishes a beautiful illustration of the principle that it is more easy to remember two things than one. What medical student ever enjoyed the dissection of the sensory nerves, or ever retained longer than his examination any definite knowledge of their distribution? If, however, he is told that by injecting drugs at certain places a given area will be made insensitive to pain, how much more interesting will the subject become, and hence how much more likely will he be to retain a knowledge of it. A review of the subject at the operating table will serve to fix it definitely in his mind.

The collection of the data on which we form a judgment as to the condition of the patient's circulatory and respiratory apparatus and his general state of health is obviously a matter to be taught by the department of medicine. If before operating on any patient we always insist on the production of adequate information

of this kind and point out its bearings on the operative risks involved we make all necessary provision for the training of the student in this phase of anesthesia. Likewise instruction in regard to the purity and effect on the tissues of various anesthetic drugs is best introduced by the department of pharmacology and reviewed and emphasized in the clinical courses.

As to the conditions under which students shall be trained in the actual administration of anesthetics we shall speak in the remainder of this paper, which has to do with the anesthesia in the clinic. This is a much mooted topic. That our anesthesia is no better than it sometimes is, is not due to any lack of easily available scientific knowledge, but to a failure of proper organization. We all know what should be done to safeguard our patients before, during and after the administration of an anesthetic. It is a matter of arranging that under all conditions every necessary safeguard shall be provided. We must see to it that every patient has been properly examined and properly prepared for operation and that the anesthetic is skilfully administered according to the requirements of the operation. In a busy hospital, teaching or otherwise, there is only one way to secure these results. This is by placing an experienced anesthetist with a broad knowledge of general medicine and surgery in charge of the work. The problem consists in securing such a man. It can be done by paying him sufficiently well and by making his position one of sufficient interest and importance to satisfy his professional ambition. To men of this kind and so situated we must look for the advancement of anesthesia.

The anesthetist should be consulted by the operator in regard to the general character of the anesthesia required by each case. He should be familiar with the results of the examination of all patients preliminary to operation. He should instruct the interns and medical students in everything which has to do with the actual administration of the anesthetic. In a teaching hospital, I believe it a mistake to require him to attend personally to any but the more difficult administrations. Otherwise the interns and medical students will be deprived of a highly important part of their training, and the anesthetist will have no time to carry on scientific investigations in his specialty. With this plan of organization there will be no difficulty in securing good anesthesia together with excellent instruction in anesthesia for every medical student.

## CESAREAN SECTION AND OBSTETRIC OPERATIONS UNDER NITROUS OXID-OXYGEN ANESTHESIA \*

E. I. McKESSON, M.D., ANESTHETIST  
TOLEDO, OHIO

The more frequent use of anesthetics in obstetrics while affording surgical relief for dystocia, the correction of malposition by art, and the repair of injuries to the soft parts, has in recent years stimulated a search for a more ideal and flexible narcotic agent in this field.

Although still widely used, chloroform is recognized as a more dangerous drug than was formerly supposed. Even in the small ineffective doses ordinarily employed in obstetrics, it is under suspicion; while for anesthesia in the toxemias of pregnancy it is openly contraindicated.

Ten years ago, after having become fairly familiar with the action and use of nitrous oxid and oxygen in surgery, I adopted it for obstetrical operations and have used it almost exclusively since. For the past seven years, since Guedel of Indianapolis personally called my attention to its possibilities in analgesia, I have used it extensively in obstetrics for this purpose as well. While it is not my intention to deal with statistics in relation to maternal and fetal mortality and morbidity referable to anesthesia, a subject for a future report, it may be briefly stated that I have had no death in mother or child which was unexpected or in which the anesthesia *per se* has been regarded as a possible cause.

Although the first anesthetic to be discovered, there is still more or less widespread ignorance and misconception of its application and effects in both the dental and medical professions. This is possibly most noticeable in obstetrics.

Operative obstetrics presents differences in anesthesia and surgical technic from the usual surgical operation which are too frequently ignored. There is more than the mother's general condition to be thought about during her anesthesia; there is the mother in a general sense, the uterus and passage in particular, as well as the fetus. Ether for this work cannot be administered *ad libitum* as is sometimes done in a surgical clinic. Such treatment does not fit into obstetrical requirements, but leaves the uterus incapable of further immediate labor should such be desired; and the reaction of the

\* Read at the joint meeting of the Interstate Association of Anesthetists and the Indiana State Medical Association, at Indianapolis, Sept. 26, 1918.



child, if born under profound ether, is often sluggish if breathing begins at all.

These points are familiar to all, but are repeated here because we have seen the parturient treated as a purely surgical case with disastrous results.

Those anesthetists who have seen only the true operative case in obstetrics such as cesarean section, have missed the many obstetrical maneuvers in which the transient anesthesia of nitrous oxid-oxygen aids the art which so often avoids surgery and relieves the mother of much pain and shock.

The mother may be anesthetized for a rotation of an occiput posterior or a version and within two minutes after removing the inhaler she is awake and resuming labor. How is this difference between chloroform or ether and gas-oxygen brought about? Principally by the relatively complete and extremely rapid absorption and elimination of gas-oxygen.

When chloroform or ether reaches the tissues its marked affinity for the fats and fat-like substances of the cell binds it there, making its effects long continued after the inhalation has been discontinued. Moreover, even in light concentrations the vapor is taken up and accumulates sufficiently if inhaled over a considerable period, to inhibit the uterine contractions and in many instances brings labor to a standstill for some time.

Since nitrous oxid is *insoluble* in fats but is exceedingly soluble in blood serum—the normal medium of exchange for oxygen, CO<sub>2</sub>, nitrogen, foods, etc.—it has no accumulative action or affinity for tissues by which it might be retained in the body. Therefore, its elimination is quite complete within two minutes.

Even quicker is its absorption. The patient rarely remembers after the sixth inhalation while the relief of the pain of a normal second stage uterine contraction is regularly and conveniently accomplished by three inhalations without interrupting the conscious state. In fact, it would be quite possible to anesthetize a patient during each uterine contraction and have a conscious woman by the time the next "pain" is due. This would be a poor technic in the normal labor, however, since little or no co-operation and straining would be carried out, as she does when in analgesia with consciousness retained.

Many noted obstetricians who have been accustomed to use nitrous oxid and oxygen analgesia have not employed it for complete anes-

thesia. In many instances, I believe, gas-oxygen has not been selected for obstetrical operations because of erroneous impressions and views gained from older writers and misinterpretation of the mechanism of its anesthesia.

One of these mistakes is the impression that nitrous oxid-oxygen anesthesia increases blood pressure. A sphygmomanometer used as a routine during operations, as I have done for twelve years, will demonstrate the fact that nitrous oxid-oxygen does *not* increase blood pressure and is not contraindicated in any case of arteriosclerosis, eclampsia, nephritis, brain tumor, etc., as has so often been repeated from one author to another until the literature is permeated with the error.

Another is the false impression based upon the old and exploded asphyxia theory, that nitrous oxid and oxygen will cause a "blue baby."

Nitrous oxid is a true specific anesthetic and may always be administered in obstetrics with sufficient oxygen to prevent cyanotic babies as effectively as if no anesthetic at all were given. It must not be forgotten that blue babies sometimes occur when no drug or anesthetic has been administered, and while cyanosis in these might not always be prevented, they might be effectively oxygenated while circulation in the cord continues, if oxygen is at hand to administer to the mother at the right time.

While the cord pulsates after delivery, it should not be clamped, but the mother should inhale pure oxygen until the baby cries. I have found that this procedure has largely eliminated apnea in the baby and promotes a very prompt, vigorous cry, bringing immediate relief of mind to the obstetrician.

Whether the crusade against vaginal examinations, if followed out, will benefit the parturient generally by lessening infection in a contaminated field, or implies that the physician is unable to diagnose position, mechanism, etc., when he *does* examine, is far from clear. The important fact is, that mistakes in diagnosis of the situation in the birth canal delays the institution of proper treatment if applied at all before the fetus is dead, or the mother reduced to a state of invalidism.

How many times is a cesarean section found to be necessary after the mother has exhausted herself, traumatized her pelvic tissues and lost the baby? Can the kind of anesthesia then employed be blamed for the dead baby, a postpartum hemorrhage or a puerperal fever? No,

but it may be a contributing or even a deciding factor in some cases of this kind.

It has been argued by some that nitrous oxid-oxygen does not relax muscle sufficiently.

Sufficient relaxation for hysterectomy, gall-bladder, stomach, or any other operation is being accomplished, not only in my work, but by many other anesthetists without the addition of ether. Moreover, one of the important things in obstetrical operations is the maintenance of muscular tone by employing as light an anesthesia as possible (without permitting movements). In abdominal cesarean section, for example, once the uterus is emptied, the abdominal walls are lax and cause no difficulty in closing under extremely light narcosis.

It is also well to bear in mind that anesthesia administered to full muscular relaxation not only reduces muscular tone in the abdominal and other skeletal muscle but similarly affects all kinds of muscle in the body, be it uterus, heart, blood vessel or intestine.

Each shows its peculiar effect. If uterus, relaxation and hemorrhage; if heart, inefficient circulation; if blood vessel, lowered blood pressure; if intestine, flatus and adynamic ileus may

result. The fact that extreme muscular relaxation, which causes the above pathologic changes is very difficult to obtain with nitrous oxid and oxygen, shields the mother from these phenomena, which are sometimes combined in the same patient.

If there is an ideal anesthetic for obstetrical operations nitrous oxid and oxygen is this agent.

Its transient effect, when removed, permits almost immediate resumption of normal labor; its lack of depression on uterine and other muscle when properly administered; its safety to mother and child; the means at hand for perfusing the child with oxygen through the mother while the cord pulsates, are factors which should decrease fetal and maternal mortality and morbidity in operative obstetrics.

The hope of reduction of morbidity and mortality in obstetrics, which is still appalling as compared with other advances in medicine, rests much more on the disposition of the midwife who delivers 50 per cent. of the parturients in the larger cities. Medicine faces a problem here of vast economic importance to the public, which is singularly parallel to the problem of professional anesthesia.

THE credulity of the people and the ever-present desire for something bizarre, something new, is proving to be the gateway through which chiropractors and other pseudomedical cults are gaining admission to the practice of their claimed healing art. This is especially true in the smaller towns and villages where the chiropractor has entered and with his newspaper and circular publicity has announced to the public that "pressure on nerves is the cause of *all* abnormal conditions of the body or so-called disease or pain, no matter where or what part of the body it may be," and that the "spinal column is the only place nerves can be impinged, as soft tissues cannot impinge nerves"; therefore, "when the impinged nerve is released by vertebral adjustment the cause of the so-called disease or affection is removed." All of their advertising explains the principles of chiropractic in "the most common terms possible, so that the average person as well as the most learned, can grasp its ideas, principles, and workings." The gullible public accepts all of this plausible explanation and accords the chiropractor every confidence and trust in the heal-

ing of his or her special ailment. But sooner or later must come the awakening. The people will realize wherein they have been duped, but their money is gone and their disease, perhaps, has developed beyond the skill of the regular doctor of medicine. And right here lies the responsibility of the medical profession—a responsibility not recognized or assumed, at least to any great extent, up to the present time—and that is the education of the public to the evils of chiropractic and other pseudomedical cults. As before stated, the newspapers are full of the plausible advertising of the chiropractors, and the doorstep and the mail is flooded with circulars heralding the power of this healing art, but the medical profession, with its highly ethical standards, has not come back with a word of warning or a refutation of the glaring falsehoods spread broadcast in such advertising. It is up to the medical profession to unbend a little and through well-edited newspaper articles, addresses before lay audiences, and perhaps through pamphlets and circulars explain the evils and dangers lurking in the fallacious teachings of the pseudomedical cults.



# **THE JOURNAL**

## **OF THE**

### **INDIANA STATE MEDICAL ASSOCIATION**

Devoted to the Interests of the Medical Profession of Indiana

Office of Publication, 406 West Berry St., Ft. Wayne, Ind.

JANUARY 15, 1919

## **EDITORIALS**

### **INFLUENZA RELAPSES**

Frequent reports of more than one attack of influenza in the same person makes us interested in the question whether influenza is an etiologic entity or a symptom complex with several different kinds of bacteria as the cause.

The conflicting bacteriologic findings makes the Pfeiffer bacillus of doubtful etiologic significance. Either more than one bacterium may be the cause of the etiology or it may be that an ultramicroscopic organism is the cause and the various sorts of bacteria found are simply accidentally present and have no causative relationship.

Influenza may, in some way, be similar to the typhoid, paratyphoid "A" and "B" diseases. Each of the organisms may cause the same symptoms, either together or separately. An infection with one organism will not protect against a subsequent infection by either of the other two.

Immunity usually is thought of only from the point of view of the human host. Welch, in his Huxley lectures, suggested that pathogenic bacteria also might have an immunity mechanism almost as complicated as the human host. This last phase of immunity has been investigated very meagerly. Work by Rosenow on the variations of species among cocci and Selligman's work on the variations of species in the colon-dysentery organisms are the most suggestive.

The apparent increase of virulence of the influenza organism by rapid passage from one susceptible host to another leads one to suspect some fundamental change in the immunity complex of this organism.

Another perplexing factor in the influenza epidemic is the increase of meningitis and other diseases spread by discharges from the nose and throat. This may be due to the violent influenza cough, filling the air with whatever bacteria may be present in the throat, thus in-

creasing vastly the number of contact carriers, or there may be a true symbiosis of the influenza organism and whatever pathogenic bacteria may be in the throat, probably by reducing the bactericidal power of the mucous membrane.

The great variations in the clinical symptoms and course of influenza and the relapses may be explained in various ways:

1. Causative factor not influenza bacillus.
2. Causative factor an ultramicroscopic organism.
3. Causative factor may be several organisms similar to the typhoid and paratyphoid.
4. Causative factor may be an organism not fixed in the evolutionary scale and capable of considerable variations in the immunity reactions.

### **ONE STANDARD FOR THE PRACTICE OF MEDICINE**

The Indiana legislature is in session now and will be in session for sixty days. During that time an effort will be made by interested persons to alter our present medical laws so that chiropractors and others of their kind who have had little or no medical training, and who cannot comply with the legal requirements as they exist today, will be permitted legally to practice medicine. In other words, an effort will be made to lower our requirements so that chiropractors can be licensed without the necessity or formality of being educated according to present day standards.

Very naturally we are opposed to any legislation which places a premium on ignorance or which favors any particular class. Our legislators should understand that any and all who practice medicine or hold themselves out to cure or relieve diseased conditions or infirmities should each and every one of them comply with the same legal requirements. It is manifestly unfair to require of one set of individuals a certain standard of fitness, and to demand a less exacting standard of fitness from another class of individuals in order to be permitted to do one and the same thing. It matters not whether a doctor elects to treat his typhoid patient with medicine, manipulation, or psychotherapy, he ought, in simple justice, to meet the same legal requirements as any other man who is licensed to practice medicine.

Little argument should be necessary to convince the man of average intelligence that in order to treat abnormalities of the human body a doctor should understand such cardinal

branches as anatomy, physiology, pathology, bacteriology, and yet the chiropractor does not seem to think that education in several of these cardinal branches is essential, and he will attempt to convince the legislature that his argument is correct. There is, however, one thing that even the most hard headed legislator can understand, and that is that justice demands that there be no favored class in the practice of medicine, and no partiality shown. If the chiropractors are admitted to the practice of medicine on any less requirements than those which hold for members of the regular medical profession, then the chiropractors are placed in a favored class and are shown partiality which they do not deserve. In fact such action would be class legislation which is most highly detrimental to the best interests of the people of the state.

We need, and should have, a medical law which will fix reasonable requirements for the practice of the healing art, but we need only one law and one standard of requirements which should apply to everyone, irrespective of previous teaching or theory. The chiropractor should be just as well educated and have just as much knowledge of the human body in health and disease as is possessed by those of the regular school of medicine, and in the interest of the people of the state there should be no lowering of the present legal requirements. Legislators should be made to understand that no objection is raised by anyone to the proposal to license chiropractors or the followers of any particular school or pathy. The objection raised is purely on the ground of a desire for equal fairness to all, the public in particular, which demands one standard of requirements for all.

---

#### ALL-YEAR MEDICAL SCHOOLING

Those medical schools that complied with the request of the government to speed up the production of doctors by continuing work throughout the summer months are now experiencing some difficulty in a readjustment of their classes to meet the requirements of state laws and the regulations of boards of examination and registration. In other words, there seems to be a disposition to prevent medical schools from continuing where they left off unless continuance is to be contingent on no credit, which in reality is an injustice to the students as well as to the schools. The medical student who worked hard

throughout the hot summer months last year in order to secure his diploma at an earlier date, and thus earlier become available for service to his country in time of need, should not be required to pay a penalty, now that the war is over, by not receiving credit for the work that was done. In fact such a student deserves the special consideration of being permitted to continue, if he so chooses, this "speed up" process as already begun, and to receive full credit for all work that has been performed in a satisfactory manner.

This leads us to the further thought that there is no good and sufficient reason why colleges of every description should not continue throughout the entire year and why credits should not be given for work done during the summer months as well as for work done during any other months of the year. There really is no excuse why students who have reached mature years should not be permitted to continue their studies throughout the year and thus shorten the educational period. In the case of the professions, and especially that of medicine, the requirements are now so exacting that the saving of a year in time is worthy of serious consideration when we realize that the average well-educated and well-trained young doctor of this day and age is anywhere from twenty-eight to thirty-five years of age before he can begin the practice of medicine independently. There is no good and sufficient reason why the medical course should not consist of three years of twelve months each rather than four years of nine months each, due allowance being given for the customary vacations between semesters. The idea that students must have a summer vacation of three months is one that has been handed down for generations, but in reality it is not an idea that deserves to be perpetuated. There is no more reason why a student should not work during the summer months than that the doctor, lawyer, or merchant should not work during those months; and if the student, like the average professional man or merchant, gets a reasonable number of vacations throughout the year he is quite able to do satisfactory work throughout the entire year. In fact the student who gets three or four vacations during the year probably gets more vacation than he ever will get when he gets away from college and is following a regular vocation. But aside from all this, the year-around session affords an opportunity for that economy of time which in this age of efficiency and achievement is worthy of the most serious consideration.



## PNEUMONIA PROPHYLAXIS

E. A. Fennel, in the *Journal A. M. A.*, Dec. 28, 1918, notices the slight attention that has been given to prophylaxis as compared with treatment during the recent epidemics. 'Theoretically, he says, any disease of microbic origin, in which spontaneous recovery is at all possible, should yield to specific prophylactic measures. That spontaneous recovery from pneumonia is possible has been long known and Fennel reviews the history of the prophylaxis methods, the work of Wright, Lister, Austin and others in the development of prophylaxis of this disease. Especially the work of Lister is noted, who was able to construct a vaccine limited to those types most potent in the production of lobar pneumonia on the Rand in South Africa. Cecil and Austin have prepared a saline pneumococcal vaccine, much after the fashion of Lister, which was used at Camp Upton under the direction of Colonel Russell to vaccinate 12,519 men and proved an efficient prophylactic. It has, however, certain distinct disadvantages. Its production on a large scale is difficult and somewhat expensive and the time limit of its usefulness, owing to comparatively rapid autolysis, must be short. It must be given, to be effective, in at least three and preferably more doses at seven day intervals, hence the difficulties are obvious. Almost all these disadvantages, however, are overcome by the use of a pneumococcus lipovaccine in which the bacteria are suspended in an oil or lipid vaccine. Not only does the oil retard absorption, but there is reason to believe that the lipid substances directly reduce the toxicity. Such a vaccine was elaborated late in 1917. The work on it was somewhat delayed as a triple lipovaccine had to be perfected, one that subsequently came into use in the Army instead of the saline. One of the lipovaccines in the tests which could be given in one dose and cause only slight reaction was found to be so far superior to the other three types that it was made on a larger scale, and the wisdom of adopting it as a general but voluntary measure in the Army was confirmed. The method of its production is detailed, and it is said to be imitated by several commercial firms. Preliminary clinical reports seem to be highly satisfactory. Fennel does not here consider the many "mushroom" vaccines that have sprung up during the pandemic and credits them with little established value. A vaccine for this purpose must come from a source that is beyond criticism and capable of large production.

## THE MEDICAL RESERVE CORPS

Now that our doctors are returning from military service in considerable numbers we are beginning to hear all sorts of criticisms of the service. This is to be expected. No great undertaking ever escapes censure of one kind or another. The United States is essentially a peace nation and was illy prepared for any war, let alone a war of such colossal magnitude as the one that has just closed. To expand an organization many hundred times within a few weeks or a few months is a tremendous undertaking, and it is not surprising that it should be accompanied by mistakes and various inequalities that do not make for the highest type of efficiency. However, considering all of the difficulties attending such an undertaking, the medical and surgical department of the Army and Navy seems to have accomplished more, and with less friction and real cause for criticism, than any other branch of the service. Furthermore, it developed a wonderful efficiency, all things considered, and is, therefore, deserving of a great amount of praise. But with the completion of the war we are justified in glancing back over the past and determining if possible how we could have improved on our work.

The most glaring fault of all was the attempt to secure a sufficient number of medical men for military service through the volunteer system. This demonstrated three things: 1. The inability of the Surgeon-General's Office to establish selective service based on fitness for service, which includes both age and capability. 2. It did not bring into the service a large number of men whose services were needed in the very beginning. 3. It gave an opportunity, through inducements that were offered in connection with volunteer service, for the bestowal of rank that in many instances was not in keeping with the qualifications of those who received the commissions.

While we hope and pray that there may be no necessity for the organization of another large army, yet we are firmly convinced that should such necessity arise the volunteer system of securing a sufficient number of medical men for military service should not be adopted. What the army needs most is young men, and our experiences in the recent war indicate that the men between the ages of twenty-one and thirty-five were the most capable and most efficient of any who served. A few of the older men did excellent work—and perhaps

work superior to that done by any of the younger men—but on the whole the men beyond the age of forty-five, many of whom had advanced rank because of age and experience, came very close to being failures in military service for the reason that they could not stand as much physical strain as the younger men, they took less kindly to discipline, and in far too many instances they were fossilized through long divorce from the progressive teaching and practices of the younger generation. While it undoubtedly is true that some of the older men could not have been improved on as administrative heads, yet altogether too often a lieutenant-colonel, major or captain in the Medical Reserve Corps, with his limited knowledge of up-to-date medicine and surgery, made a sorry spectacle as a dominating officer over younger men who were his superiors in ability. It was the lack of the most efficient system which permitted very competent general practitioners to assay the rôle of general surgeons, ophthalmologists, neurologists, and other specialties; and it was a common complaint that very well trained and experienced internists made a poor showing in attempts to do eye, ear, nose and throat or other special work, and a real, sure-enough eye, ear, nose and throat surgeon was like a fish out of water in trying to take care of pneumonia and typhoid fever. Then there were an unusual number of medical men who posed as being competent to take care of some specialty, and were really appointed to do that kind of work, when by training and experience they were illy fitted for such work. At the close of the war these various inequalities and inefficiencies were being corrected by a process of weeding out which eventually would have meant a higher type of service, and the only reason that such wonderful results were accomplished can be traced to the fact that there were enough "round pegs in round holes" and "square pegs in square holes" to offset the damages and the influence of the earlier mistakes in the selection of material and using it where best suited.

It is barely possible that we may have other wars, and if so we should profit by experience, as we no doubt will. There should be no volunteer system, but conscription of medical men should be the method of obtaining medical officers, and the government should have the privilege of making selections from the profession as a whole, irrespective of age. Furthermore, those selected should be given the same rank, irrespective of age, experience or training, and

each man should be permitted to demonstrate his qualifications for promotion. Like corks which come to the surface of the water the good men, whether qualified for administrative offices or purely professional work, will demonstrate at a very early period their fitness for advanced rank and standing. There will then be little reason for the charge that some doctors are holding the rank of major or lieutenant-colonel when they ought to be lieutenants, and others are held down to the rank of lieutenants when they ought to be promoted to higher rank but cannot receive promotion because the quota is filled.

Furthermore, a strong effort should be made to maintain a Medical Reserve Corps during times of peace that will measure up to the highest standards of efficiency. To carry this out most satisfactorily will require a weeding out of the dead wood, and the reorganization on a basis which will insure selection of those among the younger men who, through training and experience, have demonstrated their fitness for a position requiring training and education. There also should be a revision of many of the rules and regulations governing medical military service which long since have outlived their usefulness and are today a serious drawback to the highest type of efficiency. A certain amount of paper work is absolutely essential, but in this last war it was demonstrated there was altogether too much "paper work" which was not only superfluous but absolutely useless in that it did not and never will serve any purpose other than to take time and clutter up filing cases. The service is impaired and burdened still further with an over-abundance of "red tape" which always makes an organization slow and unwieldy. In fact what really is needed by the medical and surgical department of the army and navy is an injection of new life based on the newer ideas of efficiency and service, and it is hoped that the force of example, wherever example could be put into effect, and the recommendations that have been offered by those who are not bound to tradition will have its effect in doing away with some of the rules and regulations which long since should have been discarded.

Finally, let us in time of peace prepare for war, for we have learned by bitter experience what it costs to be unprepared for a war that would have annihilated us had we been fighting alone.



## EDITORIAL NOTES

DEAR DOCTOR:

THE JOURNAL and the Cooperative Medical Advertising Bureau of Chicago maintain a Service Department to answer inquiries from you about pharmaceuticals, surgical instruments and other manufactured products, such as soaps, clothing, automobiles, etc., which you may need in your home, office, sanitarium or hospital.

We invite and urge you to use this Service.

It is absolutely FREE to you.

The Cooperative Bureau is equipped with catalogues and price lists of manufacturers, and can supply you information by return mail.

Perhaps you want a certain kind of instrument which is not advertised in THE JOURNAL, and do not know where to secure it; or do not know where to obtain some automobile supplies you need. This Service Bureau will give you the information.

Whenever possible, the goods will be advertised in our pages; but if they are not, we urge you to ask THE JOURNAL about them, or write direct to the Cooperative Medical Advertising Bureau, 535 N. Dearborn St., Chicago, Illinois.

We want THE JOURNAL to serve YOU.

THE government is asking for more extensive propagation of mice for use in animal experimentation, and especially in developing a serum for the treatment of pneumonia. It is time for the antivivisectionists to get on their war clothes!

HEMORRHAGIC diathesis has been a prominent feature in many cases of influenza. It is well to remember that coagulen for the treatment of hemorrhage is very effectual and has proved to be very satisfactory in the hemorrhage occurring in influenza patients. It may be administered intravenously or subcutaneously.

IN a recent number of the *Journal of the A. M. A.* occurs an article by J. S. Simmons and W. C. Von Glahn concerning experiments of feeding dogs with ground glass. They conclude that the ingestion of powdered glass has no toxic effect and produces no lesions, either gross or microscopic, on the gastro-intestinal tract of the dog. The inference is that the ingestion of ground glass by human beings may be equally as non-injurious, though we rather doubt the propriety of comparing the tough mucosa of the dog's intestinal tract with that of the human being.

As a matter of simple justice promotions in the Army and Navy that have been recommended prior to the signing of the armistice should be recognized officially. Many medical officers have been recommended for promotion, and the recommendation was awaiting the slow action of the Washington officers on the day the armistice was signed. More than one of these promotions was a tardy recognition of service well deserving of advancement in rank. A doctor who went into the service as a captain and several months later was promoted to the rank of major should receive his discharge as

a major, even though the tardy action of the officers at Washington prevented the actual issuance of the order recognizing the promotion prior to the armistice. We hope that some action will be taken to correct the injustice that is now very evident if promotions that were recommended are not made.

WE realize that procrastination, about which we have complained so much in connection with the subject of the payment of medical society dues, is not altogether a fault of the individual members of our medical societies. Some times our county medical society secretaries are negligent in reporting the payment of dues. It not infrequently occurs that THE JOURNAL office receives complaint from a doctor to the effect that he does not receive THE JOURNAL, and yet several weeks previously has paid his dues, including JOURNAL subscription, for the current year, when as a matter of fact his dues are resting quietly in the hands of a county medical society secretary who for one reason or another has neglected to report the matter to the proper authorities. So while we are urging doctors to pay their medical society dues promptly we also desire to urge county medical society secretaries to make returns promptly to the state association.

THE Association of Medical Veterans of the World War, with headquarters in Washington, D. C., is a new organization which has been incorporated and officered. All physicians and surgeons commissioned in the Reserve Corps or the Medical Corps of the United States Army, United States Navy, or United States Public Health Service, medical members and medical examiners of local, medical advisory, and district boards may become active members by signing the application blank and paying the nominal sum of \$1. The object of the association is to perpetuate fellowships formed during the years of 1917 and 1918, for promoting reunions of medical veterans, to provide a common point of contact for medical associations already founded or to be later instituted who took official part in the world war, and for advancing medical science among its members, and for protecting those in need through declining years.

WE notice that the *Medical Review of Reviews* is buying up all of the independent medical journals that can be purchased, and is merging them into the one periodical. If this means the elimination of the medical journals that have

prostituted their pages for commercial ends, and if the *Medical Review of Reviews* will adopt a high ethical plane concerning its business management, then the consolidation of so many journals would be worth while. However, at the present time the advertising pages of the *Medical Review of Reviews* are "rotten." All they need to complete their unethical variety of advertising is the advertising of Lydia Pinkham's Vegetable Compound, Hood's Sarsaparilla, and one or two other billboard advertisements of like character. Unless the *Medical Review of Reviews* turns over a new leaf with the new year and adopts a clean advertising policy the merger means nothing, and absolutely nothing has been gained.

WE learn that a medical society in the southern part of the state is trying to have a certain doctor's license revoked because he is overcharging. If over-charging is the only complaint offered as an excuse for revoking the license to practice medicine, then there will be no revocation of the license. In reality doctors ought to be in bigger business than complaining about the fees which are charged by one another. In considering the question of fees it makes all the difference in the world as to who renders the services and fixes the fee, the kind and amount of services that have been rendered, and the ability of the patient to pay. It does not become any doctor to criticize a confrère concerning fees that have been charged, and certainly without knowing all of the circumstances and the particulars in connection with the case. The sensible thing to do is to avoid criticism that some day may come back to taunt the one utters it.

WITH eggs 6 to 8 cents apiece, butter 75 to 80 cents per pound, and everything else in the same proportion, it is well for any doctor who is getting no more for his services than he did ten years ago to "sit up and take notice." There are some doctors who complain about the difficulty in making both ends meet, and yet those same doctors do not follow the rule which requires that compensation be based upon general conditions. Not only do those doctors complain because they are not adequately paid for their own services, but by word and conduct they make it more difficult for others to be adequately compensated. The idea of unionism in the medical profession is repugnant to the average doctor, and yet there is room for the adoption of the principle of unionism which demands that medical men stand together for all

that makes for the betterment of the profession, not the least of which is decent compensation for the professional services rendered. Charity the medical man always will extend to the needy, but it is nothing short of a suicidal policy to continue a schedule of fees which, though perhaps adequate ten or fifteen years ago, is now inappropriate in view of the changed conditions which have brought about increased compensation for every other line of endeavor.

COUNTY medical society secretaries should get busy and collect the dues for this year from all those who for one reason or another have become delinquent. Heretofore many members have been careless about paying dues, in the belief that "most any time" would be satisfactory. They forget that even in the past dues have become delinquent on February 1, at which time protection through the medical defense feature of the Association ceases, and THE JOURNAL ceases to come regularly. A recent government ruling requires all subscriptions to be paid in advance, and accordingly any member of the Association whose dues, including subscription to THE JOURNAL, are not paid to the Association on or before January 1 must of necessity have his name taken from the mailing list. Aside from the fact that doctors should be prompt in the payment of obligations, they owe it to themselves to avoid depriving themselves of the very valuable benefits that are derived from membership.

EVEN though the average doctor is careless about his business affairs and the collection of accounts for professional services rendered he generally manages to present bills on the first of the year. He soon finds that his procrastination in carrying out ordinary rules of business has resulted in no inconsiderable loss. Patients who would have paid him had bills been presented promptly have moved away or have ceased to appreciate the services, and those ever ready to find excuse for non-payment of bills find no difficulty in overlooking the easy-going doctor. In fact, the doctor soon discovers that there are more real "dead beats" in the community than suspected by the ordinary professional or business man. However, unbusiness-like methods of the doctor are largely responsible for the condition of affairs, for he hurts himself as well as the community by the slipshod methods of collecting accounts. Prompt settlement of one kind or another is just as necessary for the amicable and satisfactory relations between doctor and patient as in any



other business, and in the final analysis the practice of medicine is a business. Every medical man who heretofore has been careless and indifferent to the purely business side of the practice of medicine should turn over a new leaf, and the first of the year is a good time to do it.

---

It is well to remember that when enacting special medical laws for the licensing of chiropractors and other medical pretenders the standard of requirements is made so low that almost anyone with a limited amount of education and a still more limited amount of knowledge of the human body in health and disease can meet the requirements and secure licensure. However, as has been shown in several states, this lowering of the standard of requirements, ostensibly to meet a kind of practice which does not contemplate doing what regular physicians do, is merely a subterfuge to gain the legal right to do what any regular physician does do. Thus chiropractors and osteopaths, who are not supposed to use drugs or medicines, or even resort to surgery, are writing prescriptions and dispensing medicines, and posing as surgeons—in fact are offering and pretending to do anything that the regular physicians do, and in a like manner. Therefore, a great mistake has been made in not establishing a principle of fairness to all, especially the public, by having one standard of fitness for the practice of medicine and make that standard apply to regular physicians, osteopaths, homeopaths, chiropractors, neuropaths, or the followers of any school of teaching, no matter how absurd and fanatical the teaching may be. Make every licentiate show that he possesses a reasonable knowledge of the human body in health and disease, and do not permit him to practice on suffering humanity until he does demonstrate that he possesses that knowledge. He may practice what therapy he likes or thinks is sufficient, but his general education and his knowledge of the cardinal branches of medicine and surgery should not fall below a standard that should be uniform for all.

---

### DEATHS

EDW. D. MILLIS, M.D., of Plainville, died December 19; age 72 years.

---

JEREMIAH ROBERTS, M.D., died at his home in Holton on November 19; age 81 years.

---

S. C. FENTON, M.D., of Pine Village, was found dead in his bed December 7; age 74 years.

---

MRS. GEORGE J. COOK, widow of the late Dr. George Cook of Indianapolis, died suddenly December 16; age 54 years.

---

ANDREW JACKSON REDMON, M.D., Peru, died December 5, age 53 years. Dr. Redmon graduated from Rush Medical College in 1911.

---

AGNES O'BYRNE MILLER, head of the dental and roentgen-ray departments of the Walker Hospital, Evansville, died December 27, age 33 years.

---

CATHERINE BONER, wife of Dr. G. W. Boner of Washington, Ind., died December 10, at Fort Myer, Va., where Captain Boner was located in military service.

---

U. N. MELLETTE, M.D., for many years a practicing physician in Johnson County, died recently at the home of a daughter at Dillingham, Wash., at the age of 83 years.

---

EMILY JAMES DAVIS, M.D., of Marion, died December 8, following a prolonged illness; age 48 years. Dr. Davis graduated from the Curtis Physio-Medical College of Marion in 1892.

---

MRS. JAMES Y. WELBORN, wife of Dr. James Y. Welborn of Evansville, and daughter of Dr. Baxter Begley of Inglefield, died November 17, 1918, of pneumonia following influenza; age 40 years.

---

EDWARD LINTHICUM, M.D., Evansville, died December 22, aged 74 years. Dr. Linthicum graduated in medicine from the Long Island College Hospital, Brooklyn, N. Y., in 1865, and for many years held a chair in the old Evansville Medical College. He is survived by one son, Dr. Porter H. Linthicum of Evansville.

---

GEORGE H. HOCKETT, M.D., of Anderson, captain of the 334th sanitation train, 4th division, American Expeditionary Forces in France, died of heart disease in Germany, near the Rhine, on December 1. Dr. Hockett was born in 1883, graduated from the Hering Medical College in 1910, and had practiced medicine in Anderson several years. He enlisted in the Medical Corps of the U. S. Army in July, 1917, and was first sent to Fort Benjamin Harrison, later to Fort Oglethorpe, Ga., and reached France in May, 1918. He had served on the front lines during the battles of Chateau Thierry, Cambrai and the Argonne Forest.

GEORGE W. TEPE, M.D., Evansville, died December 18, following an operation for gallstones. Dr. Tepe was born in 1871, graduated from the Hospital College of Medicine, Louisville, Ky., in 1895, and had practiced medicine in Evansville twenty-eight years. He was a member of the Vanderburg County Medical Society, the Indiana State Medical Association, and the American Medical Association.

JOHN H. S. REILEY, M.D., of Sardinia, died December 20 of pneumonia following influenza. Dr. Reiley was born at Sardinia in 1878, graduated from the Medical College of Indiana, Indianapolis, in 1904, and practiced medicine at Westport until one year ago, when he retired to the country and devoted most of his time to farming. He was a member of the Indiana State Medical Association.

HUGH DUDGEON WOOD, M.D., of Angola, died December 17, aged 83 years. Dr. Wood was born in Bainbridge, New York in 1835, removed to Indiana in 1843, attended the Northeastern Institute at Orland, Hillsdale College, and graduated in medicine from the Bellevue Hospital Medical College, New York, in 1867. He was a member of the Steuben County Medical Society, the Indiana State Medical Association, and the American Medical Association.

ALEXANDER P. FITCH, M.D., Crawfordsville, died December 6, from heart trouble, age 70 years. Dr. Fitch was born near Waynesboro, Va., in 1848, attended the Virginia schools and graduated from the Washington University School of Medicine, Baltimore, in 1871. He located in Indiana in 1875, practicing medicine in Waynetown, Lebanon and Crawfordsville. He was a member of the Montgomery County Medical Society and the Indiana State Medical Association.

MANDEVILLE W. MCCLAIN, M.D., of Vera Cruz, died December 28, the result of injuries received in an automobile accident in July, 1918. Dr. McClain was born in Wells County, Indiana, in 1871, attended the Eclectic Medical College of Cincinnati, from which he graduated in 1896, took several post-graduate courses, and later graduated from the Chicago Polyclinic School of Medicine. He practiced medicine in Bluffton, later removing to Vera Cruz. He was a member of the Wells County Medical Society, the Indiana State Medical Association, and the American Medical Association.

## NEWS NOTES AND PERSONALS

Anything in the line of physicians' supplies or equipment may be obtained from advertisers in *The Journal of the Indiana State Medical Association*. Patronize these advertisers for it means a continuance of their advertising patronage, and the latter means a larger and better Journal for you.

### GENERAL

JEROME C. PARKER, eldest son of Dr. J. J. Parker of Merom, died November 25 from influenza.

DR. HARRY J. WEIL has resumed active practice in Indianapolis following military duty at Washington, D. C.

MORE than \$400 were realized as a result of the Tag Day held by the Methodist Hospital at Princeton recently.

DR. FRANK W. MERRITT of Gary, who is in military service in France, has been promoted to the rank of major.

DR. WHITEFIELD BOWERS of Michigan City, in military service in France has been promoted to the rank of major.

ANNOUNCEMENT is made of the marriage of Dr. James W. Van Sandt of Carbon to Miss Grace Elder of Clinton.

CAPT. WALTER N. THOMPSON of Sullivan has received his discharge from military duty after three months' service.

WORD has been received that Dr. E. R. Hiatt of Portland was seriously wounded in France, but making a good recovery.

DR. C. C. COLLINS has been mustered out from duty at Fort Oglethorpe and returned to Roachdale and private practice.

THE marriage of Dr. Peter N. Hoover of Booneville to Mrs. Ida Williams was solemnized the latter part of November.

DR. J. FRANK ROBERTSON has returned from military duty at Camp Greenleaf, Ga., and will resume his practice at Indianapolis.

FOUR hundred and four medical men from Camp Greenleaf, Ga., have been transferred for duty at the West Baden Hospital.

ANNA FRANZ, oldest daughter of Dr. Ernest Franz of Berne, died the latter part of November from meningitis following influenza.

DR. JOSEPH L. ALLEN of Greenfield, Ind., has been honorably discharged from military service and returned to private practice.

---

CAPT. CHARLES R. SOWDER of Indianapolis, stationed with Base Hospital No. 35, overseas, has been promoted to the rank of major.

---

DR. T. J. COLLINGS of Rockville arrived home from Fort Riley, Kansas, early in December, having been released from military service.

---

CAPT. E. M. VAN BUSKIRK of Fort Wayne has returned to civilian life, having received honorable discharge from Camp Beauregard.

---

MISS MARY EDNA FLETCHER, night supervisor of the Methodist Hospital, Indianapolis, died December 4 from bronchial pneumonia.

---

DR. WM. E. NICHOLS has resumed practice at Hammond after five months' military duty at Fort Oglethorpe and Camp Jackson, S. C.

---

DR. F. W. KERN, formerly of Kurtz, and but recently discharged from military duty, has located at Bedford for the practice of medicine.

---

DR. GEORGE B. DETAR of Winslow has returned home from Camp Sherman, Ohio, having received his discharge from military duty.

---

DR. W. J. NORTON, who has practiced medicine at Hope for the past fifteen years, has removed to Columbus, where he will continue to practice.

---

MAJOR E. RAY ROYER of Indianapolis has returned from military service overseas and been stationed at Base Hospital No. 35 at West Baden.

---

THE Indiana State Board of Medical Registration and Examination will hold an examination for license to practice medicine, beginning Feb. 26, 1919, and continuing three days.

---

DR. J. FRANK ROBERTSON of Indianapolis, who has been stationed with the medical corps at Camp Greenleaf, has been honorably discharged.

---

DR. PAUL ROBINSON, new coroner of Marion County, has named as deputies Drs. George R. Christian, Walter S. Given and C. A. Tolles (colored).

LIEUT. O. A. DELONG of Azalia has returned to private practice, having been honorably discharged from Hoboken, N. J., the middle of December.

---

LIEUT. E. B. FLAVIEN and Capt. J. L. Gilbert have returned to their private practices at Logansport, having been mustered out from military service.

---

DR. CHARLES E. NUSBAUM of Bremen, who recently went to California because of ill health, has returned home. His health still is in a critical condition.

---

DR. C. F. WILLIAMS of Indianapolis was sent by Secretary J. N. Hurty to assist Dr. David L. Field at the Indiana Reformatory during the influenza epidemic.

---

CAPT. C. A. DRESCH of Mishawaka has returned home from Fort Riley, Kansas, after four months' service in the medical department of the U. S. Army.

---

LIEUT. L. O. SHOLTY of Wabash has returned from South Carolina, where he has been serving in the M. R. C. He has received an honorable discharge.

---

DR. R. D. BLOUNT of Valparaiso, who has been stationed at Fort Oglethorpe, Ga., has been discharged from military service and returned to private practice.

---

DR. JOHN T. WHEELER of Indianapolis, captain in the medical corps, stationed at General Hospital No. 25 at Fort Benjamin Harrison, has resumed private practice.

---

CAPT. C. W. MARKER of Indianapolis was discharged from duty as surgeon at Base Hospital No. 106 at Camp Greenleaf, Ga., and resumed practice on December 28.

---

MAJOR HARRY JOHNSON of Logansport, who has served in the Medical Reserve Corps on the Mexican border the past eighteen months, has returned to his practice at Logansport.

---

DR. H. GRANT LIND of Nineveh has been released from military service at Fort Riley, Kansas, because of the dire need of a physician at Nineveh owing to the influenza epidemic.

---

At the request of the mayor of Brazil, Capt. J. A. Rawley and Lieut. H. M. Pell have been discharged from military duty and returned to Brazil to help combat the epidemic of influenza.



DR. GRACE LINE HOMMAN of Laporte has returned home after spending a year on the staff of the Mayo Clinic, Rochester, Minn. She has resumed her general practice at Laporte.

---

MAJOR MAURICE H. KREBS, M.R.C., announces his return to Huntington, Ind., where he will resume his practice, which is limited to disease and surgery of the eye, ear, nose and throat.

---

LIEUT. R. E. REPASS of Indianapolis, with the 301st American heavy tanks, now on German territory, has been promoted to the rank of captain, according to word received by Mrs. Repass.

---

WORD has been received from Capt. C. C. Sourwine to the effect that he is now stationed on German territory, and is caring not only for sick and wounded of allied nations, but Germans as well.

---

CAPT. LUKE P. V. WILLIAMS, who has been in active military service at Fort Constitution, Newcastle, N. H., has received an honorable discharge and returned to Whiteland to resume his practice.

---

DRS. C. L. BOYD and N. E. Beckes of Vincennes have returned to private practice after several months of military service. Dr. Beckes was stationed at Camp Taylor and Dr. Boyd at Fort Oglethorpe.

---

At the December meeting of the Fulton County Medical Society the following officers were elected for 1919: President, Dr. B. F. Overmyer of Leiters, and secretary-treasurer, Dr. Archie Stinson of Athens.

---

DR. JOHN W. OLIVER of Indianapolis has been appointed by the Indiana Historical Commission as state director for the collection and preservation of historical materials pertaining to Indiana's part in the world war.

---

THE Howard County Medical Society has elected the following officers for the ensuing year: President, Dr. R. P. Schuler; vice-president, Dr. W. W. Gipe of Greentown; secretary-treasurer, Dr. F. R. Banister.

---

DOCTORS who have cases in which they think the use of radium will be beneficial probably will be interested in the announcement in the advertising section of this JOURNAL to the effect that radium can be rented at a nominal fee.

THE Aesculapian Society of the Wabash Valley, the oldest medical society west of the Allegheny mountains, recently held its seventy-second annual meeting at Terre Haute. Dr. Joseph Hall of Westfield was elected president.

---

DR. B. R. KIRKLIN, who had charge of the roentgen-ray laboratory at Fort Riley, Kan., and later chief roentgenologist at the U. S. A. General Hospital at Fort Bayard, N. M., has returned to Muncie and opened his roentgen-ray laboratory in that city for private practice.

---

MAJOR H. R. ALLEN, M.R.C., of Indianapolis, who has been in military service at Fort Oglethorpe, Ga., and Washington, D. C., ever since the United States entered the great war, has received honorable discharge and returned to his practice in Indianapolis.

---

THE following officers have been elected for the ensuing year by the Lawrence County Medical Society: President, Dr. John Gibbons of Mitchell; vice-president, Dr. Harvey Voyles of Bedford, and secretary, Dr. F. S. Hunter of Bedford.

---

At a recent meeting of the Decatur County Medical Society the following officers were elected for the ensuing year: President, Dr. B. S. White; vice-president, Dr. W. E. Thomas; secretary, Dr. D. W. Weaver; censor, Dr. C. E. Kercheval.

---

DRS. G. W. PERLEE, W. T. McCullough, R. I. Furnas, Charles A. Rector, Frank J. Wright and John N. Hurty, all of Indianapolis, were speakers at a luncheon given by the Optimist Club at the Hotel Severin on December 21.

---

DR. JOHN H. WILLIAMS of Cowan has returned from Johnstown, Pa., where he has been engaged in U. S. public health work for the past three months, and resumed his professional duties, including that of coroner of Delaware County.

---

THE Southern Surgical Association met in regular session in Baltimore the week of December 18. An interesting feature of the meeting was a clinic in which the war wounds of seven soldiers from the Walter Reed General Hospital, Washington, D. C., were demonstrated and the different methods of treatment explained by Dr. Albert Freiberg, Col. Bailey K. Ashford and Dr. Carothers.

DR. RODNEY J. SMITH of Bloomington, who was stationed at Camp Pike, Little Rock, Ark., has been transferred to Murfreesboro, Tenn., to superintend the examination of the Students' Army Training Corps at the Middle Tennessee State Normal School.

THE Randolph County Medical Society, at a recent meeting, elected the following officers for the coming year: President, Dr. Granville Reynard, Union City; vice president, Dr. O. F. Current, Farmland; secretary-treasurer, Dr. F. A. Chenoweth, Winchester; censor, Dr. B. S. Hunt, Winchester.

DR. WILLIAM F. CLEVINGER of Indianapolis announces that he has returned from service with the American Red Cross Surgical Section in France, where he served with the rank of captain, and resumed his practice in surgery of the ear, nose and throat at his former address, 403-404 Hume-Mansur Building.

CAPT. H. H. WHEELER, M.C., has been assigned to duty with U. S. A. General Hospital No. 35 at West Baden. Detachments of returned wounded soldiers are being received daily at this hospital for treatment, and the West Baden hospital promises to be one of the best equipped for the treatment of wounded soldiers to be found in the Middle West.

According to reports received at the state office, new officers have been elected by the county societies as follows: Floyd County: Dr. J. Y. McCullough, president; Dr. Felix Hazelwood, vice president; Dr. P. H. Schoen, secretary-treasurer. Vanderburgh County: Dr. D. S. Goble, president; Dr. William R. Hurst, vice president; Dr. B. D. Ravdin, secretary-treasurer.

THE following officers for 1919 have been elected by the Madison County Medical Society: President, Dr. Seth Irwin, Summitville; vice-president, Dr. Frank G. Keller, Alexandria; secretary-treasurer, Dr. V. G. McDonald, Anderson; censor, Dr. Hall, Alexandria; committee on legislation, Dr. J. B. Fattic, Dr. O. E. McWilliams and Dr. E. M. Conrad, Anderson; Dr. Owens of Elwood and Dr. John W. Cook of Pendleton.

THE Indiana State Nurses Association met in annual session in Indianapolis the first week in December. Officers for the ensuing year were elected as follows: President, Miss Anna Lauman, Fort Wayne; first vice-president, Miss

Mabel Scott, Indianapolis; second vice-president, Miss Alice Butler, Evansville; secretary, Miss Grace Morehouse, Lafayette; treasurer, Miss Belle Emden, Indianapolis. The Association has an enrollment of 632.

One of the last official acts of Dr. Joseph Rilus Eastman as president of the State Association was the appointment of a committee consisting of Dr. A. E. Sterne of Indianapolis, chairman; Dr. George D. Miller of Logansport, and Dr. Joseph H. Weinstein of Terre Haute, to cooperate with the Council on Medical Education of the American Medical Association in making a survey of hospital facilities in this state relative to providing new internships.

OFFICERS have been elected by the Johnson County Medical Society for 1919 as follows: President, Dr. J. V. Baker, Edinburg; vice president, Dr. O. C. Murphy, Franklin; secretary-treasurer, Dr. D. R. Saunders, Franklin. The society held its annual winter picnic the evening of January 1 at the home of Dr. L. L. Whitesides. About forty were present. The guest of honor was Dr. W. H. Stemm, president of the state association, who read a paper on "Carcinoma Uteri."

DR. FRANCIS D. PATTERSON, Chief, Division of Industrial Hygiene and Engineering, Department of Labor and Industry, Harrisburg, is desirous of obtaining a complete list of all physicians engaged in the practice of industrial medicine. According to the usual custom of this department, the semiannual conference of industrial physicians and surgeons will be held early in 1919, and the department is anxious to get in touch with all physicians engaged in this line of work.

MAJOR RANDELL HUNT, who has been in command of the base hospital at Fort Benjamin Harrison, and who served there during the severe influenza epidemic, has retired from military service and returned to his home in Louisiana. Major Julius Hess was placed in charge of the hospital temporarily pending the arrival of Lieut.-Col. Edgar King, who is to be transferred from the evacuation hospital No. 38 at Camp Meade, Maryland, to assume command at Fort Benjamin Harrison.

HARRY B. SMITH, adjutant-general of Indiana, has received a letter from Capt. Edwin G. Kyte, M.R.C., now at St. Nazaire, France, an embarkation port, saying a splendid rivalry has



sprung up between the medical corps to see which can send home the men in the best health. The thousands who pass from the ports must be "deloused" and freed from disease, which might prove a menace before they are permitted to embark. Captain Kyte also stated that approximately 15,000 men per day were embarking from that port alone.

---

THE United States Public Health Service is sending out a warning to the public against tuberculosis following influenza. Spain and England have reported an increase in tuberculosis after the influenza epidemic over there. The warning sent out by the U. S. P. H. S. is as follows:

Beware of tuberculosis after influenza. No need to worry if you take precautions in time.

Don't diagnose your own condition. Have your doctor examine your lungs several times at monthly intervals. Build up your strength with right living, good food and plenty of fresh air.

Don't waste money on patent medicines advertised to cure tuberculosis.

Become a fresh air crank and enjoy life.

---

ACCORDING to information received by Senator New, Base Hospital No. 32, composed of a great many Indianapolis men, will not be returned from France for some time. The Lilly base has been in France for more than a year. The reason that the hospital units will not be sent home now is attributed to the fact that the most of the American casualties occurred during the last five or six weeks of the war, and there are now, counting the sick, 190,000 hospital cases of various sorts in the American expeditionary forces. This may also explain why new medical and hospital units, as well as about six hundred more Red Cross nurses, have been sent across since the armistice was signed.

---

DR. HERBERT T. WAGNER of Indianapolis, who landed in France November 3, is one of the first American physicians to enter Germany, being one of a group of two doctors and four nurses who were detailed from Red Cross headquarters in Paris to go to Germany ahead of the regular U. S. Army doctors and nurses. The trip was made in a touring car, accompanied by two camions, one loaded with food supplies and the other with medical supplies. They were to enter the small German towns and villages as they were evacuated, and take charge of allied sick and wounded prisoners—found in practically all German towns—and care for them until the arrival of the American Army of Occupation.

ACCORDING to the statement of the Surgeon-General of the War Department, venereal disease constituted the greatest cause of disability in the army. Three per cent. of the million draftees whose examination blanks first reached the Adjutant-General's Office in Washington had a venereal disease when they reported at camp. For this condition civilian communities have been responsible. Most cases of venereal disease in the army were brought in on the induction of registered men. Virtually all cases were contracted within communities over which civil authorities have control. The army has done more than its part in combating venereal disease. Civil communities must continue the fight with vigor. Reports from every state and city are to be closely watched by government officers and the nation at large.

---

ORGANIZATION of the medical and surgical departments of the United States Army Hospital at West Baden recently has been completed. Lieut.-Col. Raymond W. Bliss is commanding officer; Major W. Hershey Thomas of Philadelphia is chief surgeon, and associated with him is Major Charles E. Phillips, who has been in charge of the government hospital in Panama for the last twelve years; Capt. J. A. MacDonald of Indianapolis is the head of the department of internal medicine; Capt. William M. Lewis of Minneapolis is the ophthalmologist; Major Arthur Wheat of Manchester, N. H., is in charge of the roentgen-ray examinations; Capt. Charles R. E. Buck of Rush Medical College has charge of diseases of the ear and throat; Capt. Joseph O'Dwyer of New York, takes care of all orthopedic cases, and Capt. John F. Kenny, formerly instructor in Tufts Medical College, has been placed over the laboratory work. In addition to the above named there is a large staff of assistants.

---

FRIENDS of Dr. Paul B. Coble of Indianapolis may be interested in knowing of his advancement in military service. Dr. Coble enlisted in the Medical Reserve Corps among the first half dozen men after the war was declared and was commissioned as first lieutenant, going to Fort Harrison where he remained in the throat department until February, 1917. He was then transferred to Camp Taylor where he served in the throat department until August, 1918. During his stay at Camp Taylor he was commissioned captain. In August, 1918, he was sent overseas with Hospital No. 80 and is located at Beaune, France. In October, 1918, he was commissioned major, and is serving as

head of the ear, nose and throat department in Hospital No. 80 which contains 1,500 beds. Another Indianapolis man with an interesting military career is Dr. Chas. R. Sowder, who was commissioned first lieutenant Dec. 1, 1917. A few months later he was given commission of captain. He was stationed at Camp Custer until latter part of June, 1918, when he was sent to Camp Merritt to join base hospital No. 35, which sailed for France soon afterward. In October, 1918, he was advanced to the rank of major.

THE H. K. Mulford Company, having outgrown their present pharmaceutical laboratories, have purchased and will soon occupy the modern building located at Broad, Wallace and Fif-

teenth Streets, on Philadelphia's main thoroughfare, six blocks north from the City Hall. The building is of modern construction, being fire-proof throughout, of steel, concrete and stone, nine stories in height and has a total floor space of nearly ten acres. All equipment is of the latest type used in building construction and includes four electric passenger elevators, four electric freight elevators, with a capacity of twelve tons; four enclosed fire towers for the safety of the occupants; electric generating machine; mail chutes; artesian wells, etc. The structure is to be further equipped with modern labor-saving devices, and when occupied will house the general offices and the drug, chemical

and pharmaceutical departments which are now distributed over a number of buildings in several locations. It is reported that this will be the largest building in the world devoted exclusively to the production of medicinal products.

DURING December the following articles have been accepted by the Council on Pharmacy and Chemistry for inclusion with New and Non-official Remedies:

Nonproprietary articles: Benzyl Benzoate; Emetine Bismuth Iodide.

Abbott Laboratories: Emetine Bismuth Iodide-Abbott.

Hynson, Westcott and Dunning: Benzyl Benzoate-H. W. and D.; Solution of Benzyl Benzoate, Miscible-H. W. and D.



NEW HOME OF THE H. K. MULFORD CO.

teenth Streets, on Philadelphia's main thoroughfare, six blocks north from the City Hall. The building is of modern construction, being fire-proof throughout, of steel, concrete and stone, nine stories in height and has a total floor space of nearly ten acres. All equipment is of the latest type used in building construction and includes four electric passenger elevators, four electric freight elevators, with a capacity of twelve tons; four enclosed fire towers for the safety of the occupants; electric generating machine; mail chutes; artesian wells, etc. The structure is to be further equipped with modern labor-saving devices, and when occupied will house the general offices and the drug, chemical

Merck and Company: Diethylbarbituric Acid-Merck; Diethylbarbituric Acid-Merck Tablets, 5 grains; Sodium Diethylbarbituric Acid-Merck; Sodium Diethylbarbituric Acid-Merck Tablets, 5 grains.

H. K. Mulford Company: Bismuth Emetine Iodide-Mulford; Cachets Bismuth Emetine Iodide-Mulford, 3 grains.

E. R. Squibb and Son: Chlorinated Eucalyptol-Squibb.

Takamine Laboratory: Arsaminol, Arsaminol 0.1 Gm. Tubes, Arsaminol 0.2 Gm. Tubes, Arsaminol 0.3 Gm. Tubes, Arsaminol 0.4 Gm. Tubes, Arsaminol 0.5 Gm. Tubes, Arsaminol 0.6 Gm. Tubes.



We are in receipt of a letter which reads as follows:

*Editor The Journal:*—I have responded to Uncle Sam's call and have "done my bit" as far as I could. Now the man who took my practice at home does not want to give it up, so it is up to me to look for another location somewhere. I thought probably you might be able to help me find a good place to locate after I get out of the Army, which I think will not be long.

I am thirty-six years of age; have been doing general practice in a small town in the southern part of Indiana for nine years, and am a married man. I would like to find a place where I could use a machine about all of the time, also where there would be good church and school facilities.

By referring to your records you will see that I am a member of the Indiana State Medical Association, and I have been a constant reader of your valuable journal for years.

Any favor that you can extend to me in this matter will be gratefully received.

Fraternally yours,  
Lieut., M. C.

We commend this to the thoughtful attention of all right thinking medical men, and with the suggestion that something should be done to make life unpleasant for the man who takes unfair advantage of an opportunity made by a self-sacrificing doctor who has been serving in the defense of his country.

## SOCIETY PROCEEDINGS

### INDIANA STATE MEDICAL ASSOCIATION

#### TREASURER'S CONDENSED REPORT FOR FISCAL YEAR ENDING DEC. 31, 1918

##### RECEIPTS

Cash on hand Jan. 1, 1918.....	\$ 770.77
Dues, 2,410 members.....	9,640.00
Assessment .....	9.00
Exhibitors .....	200.00
	<u>\$10,619.77</u>

##### DISBURSEMENTS

Journal .....	\$1,915.50
Medical Defense Fund.....	1,807.50
Secretary-treasurer .....	300.00
Indianapolis session .....	415.57
Councilor's expenses.....	16.77
Executive secretary's office.....	3,210.38
	<u>\$7,665.72</u>

Balance on hand Jan. 1, 1919..... \$2,954.05

CHARLES N. COMBS, Sec.-Treas.  
Per F. E. RASCHIG, Ass't.

### SECRETARY'S FINANCIAL REPORT

##### RECEIPTS

Balance on hand Jan. 1, 1918.....	\$ 770.77
Received of County Societies (2,410 members at \$4).....	9,640.00
Assessments at \$1.....	9.00
Indianapolis exhibitors.....	200.00
	<u>\$10,619.77</u>

##### DISBURSEMENTS

Journal subscriptions (2,410 members, 144 members in service).....	\$1,915.50
Medical defense (2,410 members).....	1,807.50
Secretary-treasurer .....	300.00
Councilor's expenses.....	16.77
Indianapolis session:	
Rent .....	131.90
Stenographer .....	100.00
Committee .....	10.88
Badges and buttons.....	19.68
F. E. Schortemeier.....	62.86
Miscellaneous .....	90.25
	<u>\$ 415.57</u>

##### Executive secretary's office:

Compensation .....	\$1,000.00
Stenographic help.....	721.00
Office rent.....	450.00
Office supplies.....	160.00
Printing .....	391.36
Postage .....	309.00
Telephone and Telegrams.....	129.43
Light service.....	5.91
Clipping service.....	19.44
Cash by executive secretary.....	24.24

\$3,210.38

\$7,665.72

Balance on hand Jan. 1, 1919..... \$2,954.05

CHARLES N. COMBS, Sec.-Treas.  
Per F. E. RASCHIG, Ass't.

### DELAWARE-BLACKFORD COUNTY

The regular meeting of the Delaware-Blackford County Medical Society was held Friday evening, January 3, in Muncie Y. M. C. A. building, and was called to order by President C. E. Miller.

Dr. C. Melvin Mix read a paper dealing with the endocrine glands and entitled "Physiology of Glands of Internal Secretion." In brief the paper was as follows:

**Thyroid Gland.** The early experimental work done on the thyroid gland included the parathyroid bodies, and led to confusion in results. After the identity of the parathyroids was established, the results of physiological research in this field have much clarified.

The thyroid gland produces an active principle in hormone of definite chemical formula that can be isolated in crystalline form and has been given by Kendall the name thyroxin. Baumann much earlier isolated a substance under the name of iodothyryn and later Beebe produced a substance which he called thyroprotein. The action of these substances is much alike and they are doubtless identical, differing largely in their degree of purity.

Kendall's convincing work would make it seem proper to adopt the word thyroxin in speaking of the secretions of the thyroid.



The physiological action of this substance is shown by its action in stimulating metabolism. Absence of the thyroid results in lowered metabolism and retarded growth of cretinism. The removal of the thyroid (complete) results in a similar slowing up of vital processes in the condition known as myxoedema. On the other hand an excessive secretion gives the highly activated and accelerated vital process known as exophthalmic goiter. Thus in a general way we separate disturbances of the thyroid function into two classes—hypothyroidism and hyperthyroidism.

**Parathyroid Bodies.** The removal or absence of the thyroid does not kill the patient but produces a profound depression of metabolism; on the other hand the removal of the parathyroids produces a rapidly fatal tetany. This manifests itself as fibrillar contractions of the muscles, tremors, tonic and clonic spasms, and intention spasms—that is, spasmodic and incoordinated contractions following an effort to make a voluntary movement. This condition is relieved and even cured by feeding on parathyroid substance. The view best supported by the facts is that the parathyroids produce a secretion that neutralizes certain toxic substances formed elsewhere in the body, and therefore after their removal death occurs from an accumulation of such toxic substances in the blood and tissues of the body.

**Thymus.** An immense amount of work has been done on the thymus gland with the result that up to the present time conclusive evidence is lacking that the gland produces an internal secretion of any kind. The evidence seems to show that the thymus is a lymphadenoid organ similar in structure to the tonsils, adenoids and Peyer's patches and like all other adenoid tissue has a tendency to hypertrophy during childhood and to gradually disappear at or soon after puberty.

**The Adrenals.** Oliver and Schaefer in 1895 discovered that these organs contained a peculiar substance that has a very definite physiological action on the circulatory system. This substance was obtained in pure form and its chemical identity established by Fakamine and independently by Aldrich. It is known as epinephrin, suprarenin, etc.—its chemical name is dioxphenyl-ethanol-methylannin. Adrenalin is produced by the medullary portion of the gland only, and also by the other chromaffin tissues.

There seems to be no question that the medullary portion of the adrenals produces a secretion which has a marked stimulating effect on the tone of the blood vessels and on the heart, and perhaps on the skeletal muscles and that the material (adrenalin) passes into the blood.

The cortical portion of the adrenals so far has yielded no specific principle or hormone as is the case with the medullary substance, but evidence is at hand that it too is essential to the health and growth of the body. The most convincing evidence shows that the cortical substance produces something that is concerned in the growth and development of the organs of sex.

**The Pituitary Body.** This body consists of two distinct portions—the larger anterior lobe of distinct glandular structure and the smaller posterior lobe which is of nervous origin consists largely of neuralgia cells and fibers. Embryologically the two lobes are entirely distinct—the anterior lobe arising from an invagination of the buccal ectoderm. The posterior lobe arises as an outgrowth of the floor of

the third ventricle of the brain, the infundibulum, which comes into contact and fuses with the pouch forming the anterior lobe. These two structures united form what is known as the pituitary body. From the epithelial cells of the anterior lobe is developed a layer of cells lying between the anterior and posterior lobes known as *pars intermedia*.

From the posterior lobe (or *pars nervosa*) is obtained the substance called pituitrin, which when injected into the body produces an effect on the heart and blood vessels similar to that of adrenalin and also causes an increased flow of urine, stimulates the activity of the mammary gland. Herring has shown that this secretion, pituitrin, comes from the cells of the *pars intermedia* which though embryologically originating from the anterior lobe, becomes anatomically a part of the posterior lobe.

Although injections of extracts of the anterior lobe produce no appreciable effects, as does pituitrin, the removal of the anterior lobe results in death in a few days in coma; but the removal of the posterior lobe has no serious effect on the life of the individual but does produce a striking effect on the metabolism of the animal. The most striking effect is the increase in carbohydrate tolerance—that is to say that a much larger amount of carbohydrate food may be injected without producing "alimentary glycosuria." On the other hand intravenous injections of extracts of the posterior lobe lower the tolerance to carbohydrate food and may produce a distinct glycosuria. Hypersecretion of the gland, or hyperpituitarism, leads to a diminished tolerance to carbohydrate foods and even to glycosuria. On the other hand, hyposecretion, or a condition of hypopituitarism leads to a greater tolerance for carbohydrates and a general state of adiposity. In addition, in young animals there is an arrest in the development of the sexual organs and a condition arises known as sexual infantilism.

The secretion of the anterior lobe has to do with the growth and development of the body, particularly the bony skeleton. An hypersecretion of the anterior lobe occurring during the period of growth results in gigantism, in adult life in acromegaly.

**Pineal Gland (Epiphysis Cerebri).** This gland is an outgrowth in the roof of the third ventricle. In early life it has a glandular structure which reaches its maximum development at about the seventh year. After this period and particularly after puberty it undergoes involution, losing its glandular structure and eventually is transformed into fibrous tissue. Intravenous injections of extracts of this gland cause a distinct fall in blood pressure.

In young children invasion of the pineal gland by pathological growths that result in a diminished activity of the gland, produce an acceleration of the development of the organs of reproduction and an attending mental precocity and an increase in the growth of the skeleton. The inference made, therefore, is that in the young child the gland furnishes a secretion that inhibits growth and particularly restrains the development of the reproductive organs.

**Gonads or Sex Glands.** The sex glands are the ovaries in the female and the testes in the male. Besides their obvious function of producing ova or spermatozoa, the interstitial tissue in the ovary and the cells of Leydig in the testes produce internal secretions. From the observation of the effect of castration in young animals and from the oriental

practice of castrating humans to produce eunuchs, it is evident that this internal secretion controls the normal development of the external genital organs of both sexes. The surgical removal of the ovaries in women results in a premature menopause accompanied by very distressing psychic and nervous phenomena and often by a regression of the organs of generation to infantile type.

The ovary also produces another internal secretion, extract of corpus luteum, which has an action somewhat different from that extract of the whole gland.

Corpus luteum from pregnant animals promises to be of considerable use in obstetric and gynecological practice. The clinical facts available seem to justify the conclusion that corpus luteum prevents the toxic manifestations of pregnancy, particularly the nausea and vomiting of the first few months of pregnancy. It is pretty well established that the human ovum implanted in the uterine mucosa acts as a parasite and produces substances that are poured into the blood and if it were not for the neutralizing action of the corpus luteum, would quickly destroy the life of the host—that is, the pregnant woman. When these poisons are not neutralized or only partially so, we have all the various degrees of toxemia of pregnancy. Corpus luteum properly administered acts almost as a specific in cases of toxemia of pregnancy.

The subject was discussed by F. E. Hill, W. W. Wadsworth and G. R. Andrews.

Adjourned.

H. D. FAIR, Secretary.

#### MARTIN COUNTY

The Martin County Medical Society has had a very successful year. Meetings were held on the third Wednesday of each month, and were well attended.

The June meeting was held at the Library in Shoals, and Dr. V. A. Funk of Vincennes presented a paper on "Tumors of the Female Breast." The July meeting was held at Burns City, with Dr. T. A. Hays. At this meeting Dr. Bowers of Vincennes read a paper on "Tuberculosis," and Dr. E. Edmund Long of Shoals presented a paper on "A Modest Practice Well Cared for and Well Remunerated versus a Large Practice Neglected and Not Well Remunerated." These papers were discussed by the members of the society. The November meeting was held in the City Hall at Loogootee at which time a new Fee Bill was arranged and agreed to by the Society. Officers were elected at this meeting for the coming year as follows: president, Dr. E. Edmund Long, Shoals; vice president, Dr. J. C. Trueblood, Loogootee; secretary-treasurer, Dr. J. F. Michaels, Loogootee.

E. EDMUND LONG, President.

#### MONTGOMERY COUNTY

The Montgomery County Medical Society met December 17, at 7:30 p. m. There were twelve doctors present, viz., William T. Gott, J. P. Wolf, H. H. Elmore, E. H. Cowan, S. R. Peacock, W. Ewell, T. J. Griffith, J. R. Etter, T. L. Cooksey, F. A. Dennis and A. A. Swope.

The subject was "Influenza," each doctor telling his experience with it and his treatment.

Dr. Wolf came in from New Market. He both told and showed us his tussle with this awful disease for he lost one leg from an embolus in the

artery. He just came home from St. Vincent's Hospital at Indianapolis, where he stayed several weeks and had his leg amputated.

There were sixteen doctors from this county enlisted in the service, four of them are in France. We hope to increase the membership of our organization this year.

B. F. HUTCHINGS, Secretary.

#### RIPLEY COUNTY

The Ripley County Medical Society met in the Court House at Versailles Monday afternoon, January 6, and elected the following officers for 1919: President, Dr. L. T. Cox, Napoleon; vice president, Dr. J. N. Hess, New Marion, and secretary-treasurer, Dr. E. D. Freeman, Osgood.

Dr. J. W. McClure of Milan and Dr. M. Joseph Coomes of Versailles were elected members of the society.

The next meeting will be held in Dr. Freeman's office at 2 o'clock, February 3.

### THE TRUTH ABOUT MEDICINES

#### NEW AND NONOFFICIAL REMEDIES

Since publication of New and Nonofficial Remedies, 1918, and in addition to those previously reported, the following articles have been accepted by the Council on Pharmacy and Chemistry of the American Medical Association for inclusion with "New and Nonofficial Remedies":

**EMETINE BISMUTH IODIDE.**—A complex iodide of emetine and bismuth containing from 17 to 23 per cent. of emetine and from 15 to 20 per cent. of bismuth. It has the action of emetine, but when taken by mouth, it is less likely to cause vomiting than the soluble salts of emetine administered orally. It has been used with apparent good results in the treatment of chronic cases and carriers of amebic dysentery, even where the hypodermic administration of emetine has failed. The commonly used dose has been 0.2 gm. (3 grains) daily for four days, either in a single dose at the midday meal or in divided doses.

**EMETINE BISMUTH IODID-ABBOTT.**—A brand of emetine bismuth iodide complying with the N. N. R. standards. The Abbott Laboratories, Chicago.

**BISMUTH EMETINE IODID-MULFORD.**—A brand of emetine bismuth iodide complying with the N. N. R. standards. The H. K. Mulford Co., Philadelphia.

**CACHETS BISMUTH EMETINE IODIDE-MULFORD, 2 GRAINS.**—Each cachet contains 2 grains of bismuth emetine iodide-Mulford. The H. K. Mulford Co., Philadelphia.

**CREOSOTE CARBONATE-S. AND G.**—A brand of creosote carbonate, U. S. P. Schering and Glatz, Inc., New York.

**GUAIACOL CARBONATE-S. AND G.**—A brand of guaiacal carbonate, U. S. P. Schering and Glantz, Inc., New York (*Jour. A. M. A.*, Dec. 14, 1918, p. 1997).

**BENZYL BENZOATE.**—The benzyl alcohol ester of benzoic acid. It lowers the tone of unstriated muscle and has been suggested as a remedy against renal, biliary, uterine and intestinal colic and other spasms of smooth muscle, including angiospasm. Its clinical use is in the experimental stage. The dose is from 0.3 to 0.5 c.c. (5 to 7 minims). Benzyl benzoate is a liquid at room temperature, insoluble in water, but miscible with alcohol, chloroform and ether.



**BENZYL BENZOATE-H. W. AND D.**—A brand of benzyl benzoate complying with the tests and standards of N. N. R. Hynson, Westcott and Dunning, Baltimore, Md.

**SOLUTION OF BENZYL BENZOATE, MISCIBLE-H. W. AND D.**—A solution of benzyl benzoate-H. W. and D. in 78 gm. ethyl alcohol emulsified with 2 gm. castile soap. It has the actions and uses of benzyl benzoate. Hynson, Westcott and Dunning, Baltimore, Md.

**DIETHYLBARBITURIC ACID-MERCK.**—A brand of barbital complying with the N. N. R. standards. The actions, uses and dosage of barbital (first introduced as veronal) are described in New and Nonofficial Remedies. Merck and Co., New York.

**DIETHYLBARBITURIC ACID-MERCK, 5 GRAINS.**—Each tablet contains 5 grains of diethylbarbituric acid-Merck. Merck and Co., New York.

**SODIUM DIETHYLBARBITURIC ACID-MERCK.**—A brand of barbital sodium complying with the N. N. R. standards. The actions, uses and dosage of barbital sodium are described in New and Nonofficial Remedies. Merck and Co., New York.

**SODIUM DIETHYLBARBITURIC ACID-MERCK TABLETS, 5 GRAINS.**—Each tablet contains 5 grains of sodium diethylbarbituric acid-Merck. Merck and Co., New York (*Jour. A. M. A.*, Dec. 28, 1918, p. 2153).

#### PROPAGANDA FOR REFORM

**LEONARD EAR OIL.**—This is an alleged cure for deafness, sold by A. O. Leonard, New York City. Formerly it was sold on the mail-order plan as an accessory to Leonard's Invisible and Antiseptic Ear Drums. Now the "Ear Oil" is sold in drug stores. The Department of Health in the city of New York found it essentially to be liquid petrolatum with camphor, eucalyptol and alcohol emulsified by a soft soap, prosecuted Leonard, and prohibited the sale of the "Ear Oil" in New York City. The sale of the "Ear Oil" has also been prohibited in Cleveland (*Jour. A. M. A.*, Dec. 7, 1918, p. 1932).

**EMETIN BISMUTH IODID.**—The Council on Pharmacy and Chemistry reports that because of the apparently good results obtained with it, emetin bismuth iodid has been accepted for New and Nonofficial Remedies. Emetin bismuth iodid is insoluble in water and dilute acids, but is decomposed by alkalis, and thus should pass the stomach unchanged but exert its action in the intestines. Those who have reported on the use of the drug in amebic dysentery report that the disappearance of ameba from stools was generally complete and apparently permanent even in chronic cases of carriers and in cases where the hypodermic administration of emetin has failed. Purging and vomiting, however, are not entirely avoided. The drug is usually given in a single dose of 3 grains at the midday meal for twelve days (*Jour. A. M. A.*, Dec. 14, 1918, p. 2013).

**FACT AND OPINION ON THE INFLUENZA EPIDEMIC.**—At the recent meeting of the American Public Health Association the discussions relative to the etiology of the present epidemic resolved themselves into the belief that the bacillus of influenza is not the primary etiologic factor and that the actual cause is as yet unknown. In the argumentation for and against the face mask as a means of preventing the spreading of the disease, sight was lost of the fact that definite

evidence has been presented to show that the wearing of a mask prevents the diffusion of pathogenic organisms of which we have definite knowledge. A paper was presented which indicated to the satisfaction of most listeners that a significant factor in the spread of the epidemic in army camps was the inadequate washing of mess kits (*Jour. A. M. A.*, Dec. 21, 1918 p. 2074).

**THE GOLDWATER ORDINANCE.**—In 1914 the Department of Health of the City of New York revised the Sanitary Code so as to require that no "patent medicine" should be sold in the city of New York unless the names of the potent ingredients are declared. The ordinance was bitterly fought by the "patent medicine" interests, the fight being led by E. Fougera and Co., E. N. Crittenton Co., and H. Planten and Son. Now the Appellate Court of New York has decided that the ordinance is void, but has upheld the principle that a disclosure of the formula of medicines may be required. The underlying principle of the ordinance was the right on the part of the city to require disclosure of ingredients, and that right the Appellate Court upholds (*Jour. A. M. A.*, Dec. 21, 1918, p. 2093).

**INFLUENZA VACCINE.**—So far but two definite reports of adequately controlled experiments on the use of influenza vaccine appear to have been published. That of Barnes concerned the use of the Leary vaccine, composed of strains of the influenza bacillus, and indicated that the vaccine was not of prophylactic value. The second report, by G. W. McCoy and coworkers, concerned a carefully controlled experiment on the use of a mixed vaccine similar to that brought out by Rosenow, and indicated that this vaccine was not efficacious as a prophylactic against the present epidemic (*Jour. A. M. A.*, Dec. 21, 1918, p. 2094).

---

#### BOOK REVIEWS

**A TEXTBOOK OF PHYSIOLOGY FOR NURSES.** By William Gay Christian, M.D., Professor of Anatomy, Medical College of Virginia, and Charles C. Haskell, M.A., M.D., Professor of Physiology and Pharmacology, Medical College of Virginia. 168 pages. Illustrated. St. Louis: C. V. Mosby Company, 1918. Price, \$1.75.

**ESSENTIALS OF DIETETICS.** A Textbook for Nurses. By Maude A. Perry, B.S., formerly Dietitian and Instructor in Dietetics at Michael Reese Hospital, Chicago; Red Cross Dietitian for Base Hospital Unit No. 14. 159 pages. St. Louis: C. V. Mosby Company, 1918. Price, \$1.75.

**NURSING IN DISEASES OF CHILDREN.** By Carl G. Leo-Wolf, M.D., Chief of Clinic for Sick Babies and Children for the Health Department of the City of Buffalo, N. Y.; Instructor in Pediatrics, University of Buffalo, Medical Department. 314 pages, with 72 illustrations. St. Louis: C. V. Mosby Company, 1918. Price, \$2.50.

**SURGICAL AND WAR NURSING.** By A. H. Barkley, M.D., (Hon.), M. C. F.A.C.S., Lecturer at Good Samaritan Hospital Training School for Nurses; Consulting Surgeon, Good Samaritan Hospital, Lexington, Ky. 208 pages, with 79 illustrations. St. Louis: C. V. Mosby Company, 1918. Price, \$1.75.



**HYGIENE FOR NURSES.** By Nolie Mumey, M.D., Lecturer in Hygiene, Chemistry and Bacteriology, Logan H. Roots Memorial (City Hospital) Training School; Assistant Instructor in Surgical Technic, University of Arkansas; Resident Physician of City Hospital, Little Rock, Ark. 160 pages. 75 illustrations. St. Louis: C. V. Mosby Company, 1918. Price, \$1.25.

**THE NERVOUS SYSTEM AND ITS CONSERVATION.** By Percy G. Stiles, Assistant Professor of Physiology in Harvard University; Instructor in Boston School of Physical Education. 12mo of 240 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1917. Cloth, \$1.50 net.

This book emphasizes the means of conserving nervous energy. It contains just enough anatomy and physiology to make the subject matter intelligible.

The chapters on emotion, sleep, dreams, neurasthenia, and causes of nervous impairment are interesting and instructive. There is also a well written chapter on general hygiene.

**THE HOSPITAL AS A SOCIAL AGENT IN THE COMMUNITY.** By Lucy C. Catlin, R.N., Director of Social Service Work and Executive Director of the Out-Patient Department of Youngstown Hospital, Ohio. 12mo of 113 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1918. Cloth, \$1.25 net.

This book will prove of interest to all those who are interested in the establishment of hospitals and dispensaries in new fields, as it also will prove of interest to anyone who is engaged in or interested in social work, and particularly hospital social service.

In brief, it deals with service to the individual, to the community and to society, and the best means of bringing that about.

**AN INTRODUCTION TO THE MAMMALIAN DENTITION.** By T. Wingate Todd, M.B., Ch.B., Manchester: F.R.C.S., England; Captain, Canadian A. M. C.; Henry Wilson Payne, Professor of Anatomy in the Western Reserve University, Cleveland; formerly Lecturer in Anatomy Victoria University of Manchester, England. With 100 illustrations. St. Louis: C. V. Mosby Company, 1918. Price, \$3.00.

This is a book on the evolution of teeth. The author, who is a teacher, says that a dental anatomy course of today calls for the description of living types which, however, can only be properly presented by constant reference to ancestral forms. He, therefore, traces the devious paths of mammalian tooth development. The book is well illustrated and probably will prove of interest to a limited number of dentists, and a still more limited number of physicians.

**PRINCIPLES OF BACTERIOLOGY.** By Arthur A. Eisenberg, A.B., M.D., Cleveland, Ohio, Director of Laboratories, St. Vincent's Charity Hospital; Demonstrator of Pathology, School of Medicine, Western Reserve University; Visiting Pathologist, St. John's Hospital; Visiting Pathologist, Lutheran Hospital. Illustrated. St. Louis: C. V. Mosby Company, 1918. Price, \$1.75.

This is an excellent series of textbooks for nurses, published by the well-known firm of C. V. Mosby Company of St. Louis. They represent the latest and most approved knowledge on the subjects considered, and are worthy of the highest recommendation. They contain practically everything that the trained nurse should know and, therefore, are well adapted to the use of training schools as well as for graduate nurses who desire to take advantage of the latest accepted teaching on the various subjects considered.

**A TEXTBOOK ON HOME NURSING.** Modern Scientific Methods for the Care of the Sick. By Eveleen Harrison. Second edition, revised. New York: The Macmillan Company, 1918. Price, \$1.10.

With so much nursing required as a direct result of the war, as also the epidemic of influenza and resulting pneumonia which has spread from one end of this country to the other, a textbook on home nursing ought to be in great demand, and we have no hesitation in recommending to the public this little book. It contains the latest knowledge in the science of nursing, without losing sight of the original purpose which is to furnish those who have not been specially trained in nursing the knowledge they should have for the care of patients who are being nursed at home for chronic diseases or convalescing from severe illnesses. There are chapters covering almost every phase of the care which the sick or convalescing should have.

**THE PAWNS OF FATE.** By Paul E. Bowers. 12mo, bound in cloth, gold stamping. Boston: The Cornhill Company. Price, \$1.50.

While essentially this book is a novel, it also is a sociologic study. It deals with the life of a criminal, but points out that he is a product of degeneracy, the result of a broken physical law. Essentially the story is a plea for a recognition of the fact that criminality for the most part is a disease which should be handled as a disease, and that society will be protected only when this fact is recognized by our lawmakers and magistrates.

The book will prove of special interest to Indiana people because the author is an Indiana man who for many years has been the physician in charge of the Indiana Hospital for Insane Criminals. He is the author of a number of papers on criminology and abnormal psychology.

**MILITARY HYGIENE AND SANITATION.** By Frank R. Keefer, M.D., Colonel, Medical Corps, United States Army; formerly Professor of Military Hygiene, United States Military Academy, West Point. Second edition, reset. 12mo of 340 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1918. Cloth, \$1.75 net.

This book is not intended for students in medicine, but is prepared for the instruction of officers and men in military schools and military organizations of whatever character. It also is adapted to Red Cross units, Boy Scouts, and those having charge of construction, mining, or recreation camps.

This second edition has been revised to meet the requirements of the new type of warfare brought about by the late war. It covers the subject of military hygiene in a very clear manner.

**THE TREATMENT OF WAR WOUNDS.** By W. W. Keen, M.D., LL.D., Emeritus Professor of Surgery, Jefferson Medical College, Philadelphia. Second edition, reset. 12mo, 276 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1918. Cloth, \$2.00 net.

This book contains most of the progress that has been made in the treatment of war wounds through clinical observation, but more especially through active research work at the front as well as at base hospitals and laboratories in England, France and the United States. The advance in the knowledge of this subject has been so rapid that the first edition, which was exhausted within a few weeks, required extensive revision in the preparation of this second

edition. Much attention is given to the Carrel-Dakin and other methods of treatment, to fractures, tetanus, wounds of the head, chest and joints, to gas gangrene, the Bull-Pritchett serum, etc.

The fact that the book is prepared by one of our most distinguished American surgeons and writers is sufficient recommendation.

**MODERN OPERATIVE BONE SURGERY.** By Charles George Geiger, M.D. 286 pages, with 120 illustrations. Philadelphia: F. A. Davis Company, Publishers. English Depot: Stanley Phillips, London, 1918. Price, \$3.00 net.

This little volume in reality is a comprehensive, yet condensed, book on plastic bone surgery. The author gives briefly but clearly the main facts in connection with autoplasmic bone work and the modern instruments used in such work. Transplantation or the use of autogeneous material, which is nature's own method of repair, is given preference to the application of external fixation braces and the uncertain extemporizing methods employed in bone repair.

The book is extensively illustrated, most of the roentgenograms being taken from the extensive collection of the late John B. Murphy.

The book will prove of special interest to surgeons, and is highly recommended, not only because it is well written but because it represents safe and sound surgical procedures and the wonderful development that has been made in osteoplastic work.

**ABSTRACTS OF WAR SURGERY.** An Abstract of the War Literature of General Surgery That Has Been Published Since the Declaration of War in 1914. Prepared by the Division of Surgery, Surgeon-General's Office. St. Louis: C. V. Mosby Company, 1918. Price, \$4.00.

As the title suggests, this book contains abstracts of the war literature of general surgery that have been published since the declaration of war in 1914. The abstracts have been prepared in the Surgeon-General's Office and have been collected from the leading medical periodicals of the world, but of the United States in particular. The contents have been conveniently arranged under the following headings: Wound infection and treatment, tetanus, gas gangrene, abdomen, chest, cardiovascular surgery, joints, fractures, burns, anesthesia in warfare, trench foot, foreign bodies, peripheral nerve injuries, and jaws and face.

These abstracts, as compiled by the Surgeon-General's Office, were intended primarily for surgeons in military service, but will prove interesting to surgeons in civil life as well.

**MEDICINE AS A PROFESSION.** By Daniel W. Weaver, M.D., Public Health Medical Officer, and E. W. Weaver, Pd.M., Vocational Advisor to the Students of the Brooklyn Boys' High School. 214 pages. New York and Chicago: The A. S. Barnes Company, 1917. Cloth, \$1.50.

The decision as to a vocation to follow is not an easy one at best for the young people who are graduated from our high schools and colleges, and a decision to take up a professional career, especially medicine, requires study of the elements which make for success. This means an analysis of fitness for the position, including education, financial status, and temperament, as well as an analysis of all of those factors which make for success in practice, including scientific training, hospital experience, ability to apply knowledge in a practical way, and personality. All of

these phases of the question are presented in a very intelligent and critical manner in this little book. In other words, it offers sound principles for guidance in the selection of medicine as a vocation. It will prove not only interesting but of value to many who are thinking of entering our medical colleges.

**THE SCIENCE OF NUTRITION.** By Graham Lusk, Ph.D., Sc.D., F.R.S. (Edinburgh); Professor of Physiology at Cornell Medical School, New York. Third edition, reset. Octavo of 641 pages. Illustrated. Philadelphia and London: W. B. Saunders Company, 1917. Cloth, \$4.50 net.

A working knowledge of nutrition, both in health and in disease, is possessed by too few medical men. This book should prove of value to those who really desire to have some understanding of the subject.

The influence of food of various kinds on the human economy, and its relation to health and disease, is clearly set forth in the six hundred odd pages which comprise the book. The chapters on normal diet and the nutritive value of various materials used as foods are interesting, and especially instructive are those chapters dealing with metabolism and such diseases as anemia, diabetes, nephritis and various fevers. The chapter on food economics will prove valuable to those who are interested in the conservation of food. Development along this line has progressed as a direct result of the war, and the author refers to the studies of German scientists in their efforts to conserve food for the sustenance of the German people.

**DISEASES OF INFANCY AND CHILDHOOD.** By Henry Koplik, M.D., Attending Pediatricist to the Mount Sinai Hospital; Consulting Physician to the Hospital for Deformities; ex-President of the American Pediatric Society. Fourth edition, revised and enlarged. Illustrated with 239 engravings and 25 plates in color and monochrome. Philadelphia and New York: Lea and Febiger, 1918. Price, \$6.00.

So many advances have been made in the various fields of pediatrics that this work by a well known clinician is exceedingly acceptable. The book represents the fourth edition of a work that has everywhere been accepted as a standard, and it represents a real revision in order to bring it up-to-date in every particular.

Much attention has been given to the subject of acidosis in infancy, as also the various problems of infant feeding, the latter field having undergone many changes and advances during the last few years. Special attention has been given to precision in diagnosis and treatment.

The author's wide experience makes him well adapted to the presentation of a work of this kind, and it will find a ready appreciation on the part of students and practitioners. The illustrations, many of which are in colors, are excellent. The work is eminently practical and may be considered authoritative.

**THE SURGERY OF ORAL DISEASES AND MALFORMATIONS.** Their Diagnosis and Treatment. By George Van Ingen Brown, D.D.S., M.D., C.M., F.A.C.S., Major, Medical Officers' Reserve Corps, U. S. Army; Oral Surgeon to St. Mary's Hospital and to the Children's Free Hospital and Columbia Hospital, Milwaukee. Third edition. With 570 engravings and 20 plates, and a selected list of examination questions. Philadelphia and New York: Lea and Febiger, 1918. Price, \$7.

This book should prove of interest to dentists as



well as to doctors of medicine. The chapters on harelip and cleft palate alone are worth the price of the book. The author's conception of those subjects is based on extended observation of the confusing conditions which surround those who are called on to treat such cases in the course of general practice, and the discussion of the subject is based on the author's extended experience in this special operative field. There are interesting chapters on conductive anesthesia, focal infections of oral origin, and maxillary expansion for the relief of nasal, nervous, mental, bronchial and other disorders. There also are chapters dealing with infectious diseases and neoplasms, diseases of bone, diseases of the maxillary sinus, and malformation, disease and injury to the lips.

This third, or last, edition especially refers to hitherto undreamed of mutilation of jaws and faces by high explosives in this war, necessitating many radical changes in the method of immediate treatment of such injuries.

The work is well illustrated, many of the illustrations being in color, and the illustrations accompanying the chapters on harelip, cleft palate, and defects of speech are especially instructive and are worth more than pages of written descriptions.

**CLINICAL DIAGNOSIS.** *A Manual of Laboratory Methods.* By James Campbell Todd, Ph.B., M.D., Professor of Clinical Pathology, University of Colorado. Fourth edition, revised and reset. 12mo of 687 pages, with 232 text-illustrations and 12 colored plates. Philadelphia and London: W. B. Saunders Company, 1918. Cloth, \$3.00 net.

This is the fourth edition, revised and re-written, of an excellent manual of laboratory methods. It is intended, primarily, for students, but will be found of great value to many practitioners who have had limited training in the more important laboratory methods which have clinical value. The methods offered are practical and, as far as possible, they are those which require the least complicated apparatus and the least expenditure of time.

The author points out that errors in microscopic diagnosis spring much less frequently from ignorance of the typical appearance of microscopic structures than from imperfect preparation of the material, faulty manipulation of the microscope, or failure to recognize extraneous structures, artifacts, and other misleading appearances. Such sources of error have been given special attention. All of the newer laboratory methods have been included in the present volume, and the chapter on serodiagnostic methods has been entirely rewritten.

Special attention has been given to the illustrations, as the author rightly asserts that accurate pictures of microscopic structures play an important part in giving information which cannot be conveyed in any other way.

We cannot too highly commend the book for the purposes for which it was written.

**ROENTGEN DIAGNOSIS OF DISEASES OF THE HEAD.** By Dr. Arthur Schuller, head of the Clinic for Nervous Diseases at the Franz-Joseph Ambulatorium, Vienna; Authorized Translation by Fred F. Stocking, M.D., M. R. C.; approved for publication by the Surgeon-General of the United States Army. St. Louis: C. V. Mosby Company, 1918. Price, \$4.00.

This book represents a translation of a book that, when first published, was about the only one bearing

on the roentgenology of the head. It should prove of value not only to those who are connected with the roentgen laboratories, but of interest to those who are interested in the roentgenologic study of intracranial lesions. The authors hope that a careful study of the subject will aid in the establishment of more definite methods of diagnosis, and if such a result is accomplished it will mean that through early diagnosis, earlier interference can be instituted, with the promise of more satisfactory results from treatment.

The interpretation of roentgen-ray pictures is not always easy, even for one experienced in roentgenologic work, and on proper interpretation depends the success of roentgenology as an aid in clearing up the diagnosis. The author emphasizes the importance of studying roentgen-ray pictures stereoscopically, inasmuch as the perspective obtained enables the examiner to arrive at more definite conclusions and to interpret shadows that otherwise would seem difficult to understand.

The book has been divided into four parts. Part I deals with the size, shape and thickness of the normal skull. Part II deals with diseases of the skull, including anomalies in the size, shape and structure of the skull, and injuries of the skull. Chapter III deals with the roentgen diagnosis of intracranial diseases, including tumors and intracranial pressure, with general remarks concerning the roentgen technic in intracranial diseases. An appendix covers the application of roentgenology to the specialties of rhinology, otology, ophthalmology, and odontology.

The illustrations and diagrams, of which there are many, point out most clearly the various points described in the text.

**A TEXTBOOK OF THE PRACTICE OF MEDICINE.** By James M. Anders, M.D., Ph.D., LL.D., Professor of Medicine and Clinical Medicine, Medico-Chirurgical College Graduate School, University of Pennsylvania. Thirteenth edition, thoroughly revised, with the assistance of John H. Musser, Jr., M.D., Associate in Medicine, University of Pennsylvania. Octavo of 1259 pages, fully illustrated. Philadelphia and London: W. B. Saunders Company, 1917. Cloth, \$6.00 net; half morocco, \$7.50 net.

The popularity of this book is attested by thirteen editions. The author, Prof. James M. Anders, who is a well known clinician, teacher, and writer, has been assisted in the preparation of this last edition by Dr. John Musser, associate in medicine of the University of Pennsylvania. This thirteenth edition represents a thorough revision and a studious effort to bring every portion of the volume up to date and make it meet the needs and interests of both the practitioner and student.

As in previous editions, much attention has been devoted to symptomatology, diagnosis and treatment. Among the new important matter added has been chapters on the treatment of tetanus, acidosis, chylothorax, on etiology of aortic incompetency, treatment of asthma, diverticulitis, functional tests of hepatic insufficiency, Gaucher's disease, estimation of renal function, anaphylaxis of food intoxication, the pneumococcic infections, focal sepsis, rat-bite fever, febris wolhynica, and pyorrhea alveolaris. The following subjects have been rewritten: Prophylactic vaccination, specific therapy in typhoid fever, specific therapy in tuberculosis, pellagra, splenic anemia, the arrhyth-



**Elixir of Enzymes**

is a palatable aid to digestion; an agreeable vehicle for iodids, bromids, salicylates, etc., and supplies the curdling ferment for making junket.

**Pituitary Liquid (Armour)**

(*Liq. Hypophysis*)

is physiologically standardized and is entirely free from chemical preservatives.  $\frac{1}{2}$ cc and 1cc ampoules, 6 in box.



**LABORATORY  
PRODUCTS**

**Extract of Red Bone Marrow**

is a great reconstructive and will be found of value to patients convalescing from Influenza and other troubles.

**Armour's Surgical Catgut Ligatures**

are the finest thing of the kind on the market; they are strong, smooth and sterile. Plain and 10, 20, 30 and 40 day Chromic, sizes Nos. 000 to 4, inclusive. At present, 60 inch lengths only.

**ARMOUR AND COMPANY**  
CHICAGO

mias, intestinal toxemias, bacteriology of whooping cough, hemolytic jaundice, and the section on diseases of the nervous system. Not a few subjects have found new places with a view to meeting the demands of the most modern and approved classification of disease. It is believed that without impairment of the intrinsic value of the book, but rather distinct gain to the reader, the description of certain complaints whose incidence has materially declined, has been abridged so as to permit of a fuller discussion of other affections and conditions which recently have attracted an increasing share of professional attention. In the main, however, the same systematic and, it is believed, convenient arrangement of the subject matter has been followed in this as in previous editions. There also have been added a few diagnostic tables which have been found useful alike to the student and practitioner of medicine, economizing the time of both by reason of greater brevity and lucidity, in aiming to obtain a working knowledge in a practical form of the contrasting features between diseases that may present points of great similarity at the bedside. The authors have very justly attempted to show the relationship between the clinical laboratory and physical diagnosis, and the general symptomatology and pathology of the various affections considered.

On the whole, the work gives the present state of our knowledge of the practice of medicine in general, and of the diagnosis, differential diagnosis, and treatment of disease in particular. This new edition undoubtedly will meet with the cordial appreciation that has been bestowed on earlier editions.

**—other things being equal**

the more porous the hypodermic tablet, the more soluble it is. But those "other things"—they are equally essential

For instance, the selection of the most soluble, least irritating form of the drug; the delicate adjustment of the diluent to suit each drug or combination

And then there's the "know how"—that imponderable thing that makes you the successful surgeon, the chosen consultant, the favorite family physician

"S&D specifiers" all declare that we have that "know how" and that that's why we are "the hypodermic tablet people"

**Sharp & Dohme**

*Since 1860 Careful Conscientious Chemists*

**GYNECOLOGY.** By William P. Graves, M.D., Professor of Gynecology at Harvard Medical School. Second edition, thoroughly revised. Octavo volume of 883 pages, with 490 original illustrations, 100 of them in colors. Philadelphia and London: W. B. Saunders Company, 1918. Cloth, \$7.75 net.

The author adopts a special classification in order to meet the requirements as a textbook and general reference book on gynecology. The subject matter is divided into three distinct parts.

Part I deals with the physiology of the pelvic organs and with the relationship of gynecology to the general organism. This is in conformity with the latest methods of medical teaching which strive to impress on the student's mind the importance of the correlation of all branches of medicine and surgery.

Part II is designed primarily for the undergraduate student who is taking his initial course in gynecology. It includes a description of those diseases which are essentially gynecologic. The surgical principles involved in the treatment of the various diseases are recounted, but the technic of the operations and the pictures illustrating their performance, matters of secondary interest to the student of the theory of gynecology, are reserved for a separate section.

Part III is devoted exclusively to the technic of gynecologic surgery, and is written for the advanced student and practitioner. In discussing surgical treatment only those operations which, from the personal observations of the author seem best suited for the special requirements, are presented.

In this second edition the author, as stated in the preface, says that an attempt has been made to bring the book as completely as possible up to date. Special attention has, therefore, been paid to those subjects in which the science of gynecology has made the greatest recent advances. Thus the section on the relationship of gynecology to the internal secretions has been almost entirely rewritten and considerably amplified. Much new material has been added to the discussion of such subjects as ovarian organotherapy, ovarian transplantation, the radium treatment of cancer, radium therapy in nonmalignant gynecologic diseases, etc. A new section has been introduced dealing with the relationship of gynecology to the sex impulse, based chiefly on the now generally accepted theories of Freud regarding infant sexuality. In Part III, which deals exclusively with operative gynecology, a number of new operations have been described and illustrated, most of which have not appeared before in textbooks. Many drawings have been added, most of them illustrating new material. Some of them have been substituted for such illustrations in the first edition as seemed inadequate.

In every respect the book is excellent.

**SURGICAL TREATMENT.** Volume I. A Practical Treatise on the Therapy of Surgical Diseases for the Use of Practitioners and Students of Surgery. By James Peter Warbasse, M.D., formerly Attending Surgeon to the Methodist Episcopal Hospital, Brooklyn, N. Y. In three large octavo volumes, and separate Desk Index Volume. Volume I contains 947 pages, with 699 illustrations. Philadelphia and London: W. B. Saunders Company, 1918. Per set (Three Volumes and the Index Volume): Cloth, \$30.00.

This is the first of a series of three volumes that are to be issued under the general title of Surgical Treatment. In his preface the author says that the

work, of which this volume is the first, is written in the interest of the surgical patient. The object is to place in the hands of the surgeon the means of rendering help in every surgical condition under all circumstances. The aim has been to make this information easily accessible and its application practical. The author says that while there is always an ideal course of treatment which may be pursued and which represents the highest possibility of surgery, yet there are many instances in which its application is impossible through circumstances which may surround both the patient and the surgeon. He has, therefore, in addition to giving the ideal treatment, presented alternatives of treatment which may be employed if the best thing possible cannot be done. The author also recognizes that there is a difference in surgical ability, and that in surgical diseases the mortality varies with the skill of the surgeon. In many conditions both the operative and nonoperative treatments are described, and clearly pointed out that in some diseases operative procedures that are given should be carried out by the experienced surgeon only, and other methods are described which are adapted to the less experienced surgeon. All this is made necessary by the fact that in the treatment of surgical conditions there is not only a pathologic hazard that is capable of modifying the outcome of the disease, but a surgical hazard as well. It is assumed that the surgeon who has recourse to this work is familiar with the fundamentals of surgical pathology and diagnosis.

The contents of this first volume include chapters on the general principles of surgical treatment; asepsis and antisepsis; surgical materials, their preparation and sterilization; anesthesia and anesthetics; wounds and operations, including a description of the operating room, the preparation of the patient, the application of the dressings, and the treatment of shock; inflammations, including infected wounds and their treatment; surgical fevers and other infections; fistulas and sinuses, ulceration and gangrene; nutritive disturbances; tumors; blood and blood vessels; lymphatic system; diseases of bones; fractures, including bone grafting, dislocations, diseases of joints, operations on bones and joints, including osteoplastic operations; muscles, tendons, fasciae and bursae; skin and appendages, and nerves.

While the author has endeavored to give credit to surgeons and literary references wherever it seems called for, yet he deems it unnecessary to mention many discoverers of methods or treatments for the reason that most instruments and procedures bearing proper names were used before the time of the individual whose name they bear. Many of the operations and methods of treatment, while described for the first time, are based on well known surgical principles, and the author lays no particular claim to originality. The whole work is founded on the conception of contributing something that will add to the highest ideals of surgery. The book is well written, and is as concise as consistent with comprehensiveness and clearness. The illustrations, of which there are several hundred, add greatly to the elucidation of the text.

If the first volume is any indication of the excellence of succeeding volumes, the author may be congratulated on presenting a work that will meet with appreciation on the part of all surgeons.

# Stanolind

Reg. U. S. Pat. Off.

# Surgical Wax

For use in the hot wax treatment of burns, surgical wounds and similar lesions.

It is unapproached in purity and may be applied without incorporating with it any therapeutic agent.

Many advanced workers advocate its use in that manner.

However, surgeons may use it as a base for any of the published formulas, and may be assured that it is the purest and best wax that modern science can produce.

It conforms to the requirements of the Council of Pharmacy and Chemistry of the American Medical Association.

## Stanolind Petrolatum

### *In Five Grades*

"Superla White" is pure, pearly white, all pigmentation being removed by thorough and repeated filtering.

"Ivory White," not so white as Superla, but compares favorably with grades usually sold as white petrolatum.

"Onyx," well suited as a base for white ointments, where absolute purity of color is not necessary.

"Topaz" (a clear topaz bronze) has no counterpart—lighter than amber—darker than cream.

"Amber" compares in color with the commercial grades sold as extra amber—somewhat lighter than the ordinary petrolatums put up under this grade name.

## STANDARD OIL COMPANY

(Indiana)

*Manufacturers of Medicinal Products from Petroleum*

910 S. Michigan Avenue

Chicago, U. S. A.



# Ampoules



## Convenient, Aseptic, Accurate, Stable.

PARKE, DAVIS & CO.'S Ampoules of Sterilized Solutions have the approval of the foremost physicians and surgeons of America and Europe.

They are ready for immediate use.

They are aseptic.

The dose is accurate, a definite amount of medicament being contained in each milliliter of solution.

The drug is treated with the most suitable solvent—distilled water, physiologic salt solution, or oil, as the case may be.

The container is hermetically sealed, preventing bacterial contamination.

An impervious cardboard carton protects the solution against the actinic effect of light.

We supply upward of eighty ready-to-use sterilized solutions.

♦ ♦ ♦

SEND FOR THIS BOOK.—Our new Ampoules brochure contains a full list of our Sterilized Solutions, with therapeutic indications, descriptions of packages, etc. It has a convenient therapeutic index. Every physician should have this book. A post-card request will bring you a copy.

## PARKE, DAVIS & COMPANY

Home Offices and Laboratories, Detroit, Michigan.

# THE JOURNAL

OF THE

## Indiana State Medical Association

Owned, Published and Controlled by the Indiana State Medical Association

ISSUED MONTHLY under the Direction of the Council

VOLUME XII  
NUMBER 2

FORT WAYNE, IND., FEBRUARY 15, 1919

PER YEAR \$1.50  
SINGLE COPY 20 CENTS

### CONTENTS

ORIGINAL ARTICLES	PAGE	EDITORIALS	PAGE
War Neuroses. Hugh T. Patrick, M.D., Chicago.....	33	The Cause of Postinfluenzal Pneumonia.....	50
The Present Status of Radium Therapy. T. C. Kennedy, M.D., Indianapolis .....	36	The Victory Session of the A. M. A.....	50
The Industrial Clinic. M. A. Austin, M.D., Anderson...	40	"The Profession and the Victory Loan".....	51
Infant Conservation. Ada E. Schweitzer, M.D., Indian- apolis .....	44	Editorial Notes .....	51

(Continued on Advertising Page iii)

NEXT ANNUAL SESSION, INDIANAPOLIS, SEPT. 24, 25, 26, 1919.

LIST OF OFFICERS AND COMMITTEES ON ADV. PAGE 2.

ENTERED AS SECOND CLASS MATTER, JANUARY 20, 1908, AT THE POSTOFFICE AT FORT WAYNE, INDIANA, UNDER ACT OF CONGRESS OF MARCH 3, 1879. ACCEPTED FOR MAILING AT SPECIAL RATE OF POSTAGE PROVIDED FOR IN SECTION 1103, ACT OF OCTOBER 3, 1917, AUTHORIZED OCTOBER 18, 1918.

## New Books & Editions

- Cabot**—Modern Urology. Two octavo volumes of over 700 pages each, 649 illustrations. Cloth, per volume.....\$7.00, net
- Crotti**—Thyroid and Thymus. Imperial octavo, 570 pages, 96 engravings, 33 colored plates. Half Morocco, De Luxe..\$10.00, net
- Aaron**—Diseases of the Digestive Organs. *New (2d) Edition.* Octavo, 818 pages, 172 illustrations. Cloth.....\$7.00, net
- Simon**—Clinical Diagnosis by Means of Laboratory Methods. *New (9th) Edition.* Octavo, 854 pages, 235 illustrations. Cloth .....
- Vedder**—Syphilis and Public Health. 12mo, 315 pages. Cloth.....\$2.25, net
- McCombe and Menzies**—Medical Service at the Front. 12mo, 128 pages, illustrated. Cloth .....
- Hare**—Practical Therapeutics. *New (17th) Edition.* Octavo, 1023 pages, 145 engravings, 6 plates. Cloth.....\$5.50, net
- Thornton**—Pocket Formulary. *New (11th) Edition.* Pocket size.....\$2.00, net
- Joslin**—Diabetic Manual. 12mo, 188 pages, illustrated. Cloth.....\$1.75, net
- Cushny**—Pharmacology and Therapeutics. *New (7th) Edition.* Octavo, 712 pages, 71 engravings. Cloth.....\$4.50, net
- Brown**—Oral Surgery. *New (3d) Edition.* Octavo, 734 pages, 570 engravings and 20 plates. Cloth.....\$7.00, net
- Treves**—Surgical Applied Anatomy. *New (7th) Edition.* 12mo, 702 pages, 153 illustrations, 74 in colors. Cloth.....\$3.00, net
- Gray**—Anatomy. *New (20th) Edition.* Imperial octavo, 1396 pages. 1247 large and elaborate engravings, many in color. Cloth .....
- Koplik**—Diseases of Infancy and Childhood. *New (4th) Edition.* Octavo, 928 pages, 239 engravings and 25 plates. Cloth...\$6.00, net
- Bacon**—Otology. *New (7th) Edition.* 12mo, 583 pages, 206 illustrations. Cloth.\$3.00, net
- Lumb**—Systematic Treatment of Gonorrhea. 12mo, 119 pages. Cloth.....\$1.50, net
- Smallwood**—Biology. *New (3d) Edition.* Octavo, 306 pages, 235 engravings and 8 plates. Cloth.....\$3.00, net

PHILADELPHIA

LEA & FEBIGER

NEW YORK



# THE INDIANA STATE MEDICAL ASSOCIATION

Next Annual Session, Indianapolis, September 24, 25 and 26, 1919

## OFFICERS AND COMMITTEES FOR 1919

President.....W. H. STEMM, North Vernon  
 First Vice-President.....L. L. WHITESIDES, Franklin | Third Vice-President.....H. B. HILL, Logansport  
 Second Vice-President.....STEPHEN B. SIMS, Frankfort | Secretary-Treasurer.....CHARLES N. COMBS, Terre Haute  
 Executive Secretary, FREDERICK E. SCHORTEMEIER, 314 Hume-Mansur Building, Indianapolis.

## SECTION OFFICERS

Surgical Section—Chairman, Goethe Link; Vice-Chairman, H. K. Bonn; Secretary, H. O. Shafer.  
 Medical Section—Chairman, V. V. Cameron; Vice-Chairman, A. C. Kimberlin; Secretary, Jane Ketcham.  
 Eye, Ear, Nose and Throat Section—Chairman, John R. Newcomb, Indianapolis; Secretary, E. M. Sbanklin, Hammond.

## DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION

For one year (term expires December 31, 1919), Charles Stoltz, South Bend; Albert E. Bulson, Jr., Fort Wayne. Alternates, E. E. Evans, Gary; H. B. Hill, Logansport. For two years (term expires December 31, 1920), Joseph Rilus Eastman, Indianapolis. Alternate, Miles F. Porter, Fort Wayne.

## COUNCILORS

Chairman, G. W. H. Kemper, Muncie.

DISTRICT	TERM EXPIRES	DISTRICT	TERM EXPIRES
1st—J. Y. Welborn, Evansville.....	December 31, 1920	7th—T. B. Eastman, Indianapolis.....	December 31, 1920
2d—J. B. Maple, Shelburn.....	December 31, 1918	8th—G. W. H. Kemper, Muncie.....	December 31, 1918
3d—Walter Leach, New Albany.....	December 31, 1919	9th—William R. Moffitt, Lafayette.....	December 31, 1919
4th—A. G. Osterman, Seymour.....	December 31, 1920	10th—E. M. Sbanklin, Hammond.....	December 31, 1920
5th—Spencer M. Rice, Terre Haute.....	December 31, 1918	11th—G. G. Eckhart, Marion.....	December 31, 1918
6th—O. J. Gronendyke, Newcastle.....	December 31, 1919	12th—E. E. Morgan, Fort Wayne.....	December 31, 1919
		13th—H. M. Miller, South Bend.....	December 31, 1920

## COMMITTEES

COMMITTEE ON ADMINISTRATION AND MEDICAL DEFENSE—Permanent Members, President (W. H. Stemm, North Vernon) and Editor and Manager of THE JOURNAL, Albert E. Bulson, Jr., Fort Wayne; E. M. Sbanklin, Hammond (term expires December 31, 1921); Frank B. Wynn, Indianapolis (term expires December 31, 1920); E. O. Daniels, Marion (term expires December 31, 1919).

COMMITTEE ON SCIENTIFIC WORK—H. O. Sbafer, Rochester; Jane Ketcham, Indianapolis; E. M. Sbanklin, Hammond; Charles N. Combs, ex-officio, Terre Haute.

COMMITTEE ON CREDENTIALS—George W. Spohn, Elkhart; P. C. Bentle, Greensburg; F. E. Schortemeier (executive secretary) Indianapolis.

COMMITTEE ON NECROLOGY—G. W. H. Kemper, Muncie.  
 COMMITTEE ON PUBLICATION—The Council and A. E. Bulson, Jr., Fort Wayne.

COMMITTEE ON SCIENTIFIC EXHIBIT—B. D. Myers, Bloomington; Bernard Erdman, Indianapolis; A. G. Osterman, Seymour; H. W. McDonald, Newcastle; William A. Thompson, Liberty; A. E. Bulson, Jr., Fort Wayne; F. E. Schortemeier (executive committee) Indianapolis.

# FREE

Sterile  
Specimen  
Containers  
Slides  
Culture  
Media and  
Complete  
Fee Table  
on request

Write or  
Wire

# Clinical Laboratory Analyses

The kind of clinical laboratory work that commands respect

Wassermann and other complement fixation tests...\$5.00

Autogenous Vaccines. In single vials or ampules..\$5.00

Lange Colloidal Gold test of Spinal fluid.....\$5.00

Tissue Diagnoses. Frozen section, paraffin or celloidin \$5.00

ABDERHALDEN PREGNANCY and other  
Abderhalden reactions.....\$5.00

MILK, FOOD, SANITARY AND TOXOLOGICAL INVESTIGATIONS

Accurate Analyses of All Secretions, Excretions and Body Fluids

ESTABLISHED BY  
DR. M. HERZOG  
DR. H. C. SWEANY  
DR. MEYER D.  
MOLEDEZKY  
DIRECTOR

*Laboratory of*  
**PATHOLOGY AND BACTERIOLOGY**  
THE MOST MODERN EQUIPPED LABORATORIES IN THE U.S.

1130 MARSHALL FIELD ANNEX—25 E. WASHINGTON ST.

PHONE  
RANDOLPH  
6552-6553  
CHICAGO  
ILL.



# THE JOURNAL

OF THE

## INDIANA STATE MEDICAL ASSOCIATION

DEVOTED TO THE INTERESTS OF THE MEDICAL PROFESSION OF INDIANA

ISSUED MONTHLY under Direction of the Council

ALBERT E. BULSON, Jr., B.S., M.D., Editor and Manager

OFFICE OF PUBLICATION: 406 West Berry Street, FORT WAYNE, INDIANA

VOLUME XII

FORT WAYNE, IND., FEBRUARY 15, 1919

NUMBER 2

### ORIGINAL ARTICLES

#### WAR NEUROSES \*

HUGH T. PATRICK, M.D.

Clinical Professor of Nervous and Mental Diseases, Northwestern University Medical School, etc.

CHICAGO

War neuroses are the same as peace neuroses. The neuroses of the present conflict differ from those of preceding tranquil years only in their overwhelming numbers and in the high proportion of anxiety states and of severe cases. The sooner we fully realize that the war has brought us no new symptom and no new syndrome and the sooner the fog of portentous mystery which at first surrounded "shell shock" is dispelled, so much the sooner shall we intelligently, and hence effectively, deal with our nervously sick soldiers. Many of them look like nervous wrecks, soon to become nervous derelicts. But the astute work of our medical allies, especially the French, has demonstrated that the vast majority of these soldiers can be restored to active usefulness.

And first a word as to "shell shock"; a most unfortunate term now officially banished from the British army. Properly speaking, there is no such thing. Explosion of a large caliber shell may do many things to a man. It may blow him to pieces, bury him in the earth, throw him into the air or simply puff him off his feet. A fragment may take off an arm, tear out a buttock, cut the spinal cord or amputate a finger. A succession of high explosives by dealing death, destruction and mutilation all about may give a man what is called emotional or mental shock, without any trace of physical injury. Obviously "shell shock" cannot be an entity. But the term came to be applied to certain, or rather very uncertain, cases of paralysis, mu-

tism, tremor, tic, blindness, stuttering, general nervousness, etc., following exposure to shell fire and not to be accounted for by definite lesions of the central nervous system. Further experience and sagacious study have gradually excluded the organic factor from these cases. Punctate hemorrhages, microscopic lacerations, "molecular changes" and *commotio cerebri* may be considered as eliminated. The cases are purely functional and of psychic origin.

Let us approach the war neuroses as the soldier does, by degrees. In the humdrum of civil life most of us go along pretty comfortably, adapting ourselves with fair success to the surprises, disappointments and perplexities of the day. But a few of us are not equal even to this. An illness, a loss, a fright, a death in the family, the perplexities of sexual life, a trivial accident is too much for us; we lose our equilibrium, "go to pieces," in short, develop a neurosis. A more severe calamity such as a bad railway accident, grave but concealed domestic infelicity, a violent religious upheaval, will find more of us breaking down. Some of our boys are barely equal to the exigencies of "peaceful" civil life. (As a matter of fact, of course, life never is peaceful, but always a conflict.) When these are suddenly put into a training camp with home behind and war ahead; with new and strange demands on them and anticipation of unknown trials, their mental organizations are unequal to the strain. We may express it in many ways but the fundamental fact is that the organism cannot make itself at home in its environment. And the crux of the situation is that it cannot get away. The boy cannot stop the war, he cannot stop his preparation to go to the front, he cannot go home, he cannot even say he hates it. Sometimes he *does* go home. He deserts or is absent without leave. Sometimes he develops a neurosis which is another, a subconscious way out of his perplexities. And these neuroses of

\* Read before the Indiana State Medical Association Sept. 26, 1918.

the preparatory camps are much like the neuroses at the front. At one camp I saw a whole group of men with variegated tremors, at another a typical case of what Souques has called *campitocormia*, and in still another camp were half a dozen cases of hysterical aphonia, a hysterical paraplegia, etc. What were these neuroses? A hole into which the soul crept to escape from trouble. There is yet another means of escape which a man may consciously take. At Fort — we examined a recruit who was hypersensitive, emotional and unstable, but who at home had got on pretty well. He had worked steadily, had taken care of his mother, of whom he was very fond, and had saved a little money. But his stability was not equal to the rupture of home ties and associations and induction into a strange and more complicated life. At my request decision was deferred for ten days and he was put to work with his company. After five days he was returned to us as too nervous to go on. The new conditions, with apprehensive ignorance of the future, were too much for him. His companions teased and "joshed" him. One of the men told him that if he didn't pass our board, the so-called "nut" board, he would be shot. He half believed it. We found him worse than before; more apprehensive, more uncertain, more shaky, more emotional, and withal honest, sincere, unselfish, anxious to be reassured and anxious to serve. As much as anything he dreaded rejection. Of course we were forced to reject him. This suddenly put him into another insupportable situation. He had been rejected by the "nut" board. Perhaps I had not succeeded in convincing him that he would not be shot. He could not bear to go home rejected, passed on as useless. He had been denied the privilege of going on with the others and doing his bit. What was his solution of the tangled problem? The day his brother came to take him home, he went out and killed himself. Had conscientious scruples or lack of courage prevented suicide, this man certainly would have developed a definite neurosis or psychosis. Assuredly I should have rejected him at the first examination.

Going one step further, we find that some men who go through the domestic training with success break down when they get back of the lines where they see the wounded and hear the guns. Others collapse in their first fight. Still more stable, another stands the gaff for days and nights in the trenches without sleep, with insufficient food, comrades killed and wounded

until he is blown over or buried in a dugout. By that time for him the situation has become insupportable and his deep-laid instinct is to fly. But his honor, his pride, his training, his discipline, the whole moral and material machinery of war make this impossible. For the same good reasons he cannot and does not take refuge in deliberate deception, malingering. The only recourse is a neurosis. It saves his life and saves his face. It gives him relative peace and salves his conscience. But let it again be emphasized that he does not deliberately do this thing. These men are not malingerers and fakers. Nor are they cowards and shirkers. They are merely sentient human beings whose instincts are too much for their ideals and intellects.

Thus, understanding the genesis of war neuroses, it is perfectly clear why the seriously wounded and definitely disabled do not develop them. There is no need. The conflict between instinct and training is over, the insupportable situation has ceased to be. At once the soldier's ideals are satisfied and his safety assured. At first one may be loath to accept such a conception of heroic fighters. I have known poorly informed doctors indignantly to scoff at it. But indeed the mere development of a war neurosis shows that the man has fought to his limit. The less heroic sometimes sacrifices his higher attributes and satisfies his primitive impulse of self-preservation by jabbing a bayonet through his foot, cutting off the trigger finger or standing in the cold mud until he gets trench feet, thus sending himself home.<sup>1</sup> One other little side light on this phase of our psychology. How many of us who have boys on the fighting line scan the casualty lists with the hope that our boy may be unhurt or, next to that, that he may have been wounded—not fatally, of course! If this be true of us, is it not doubly true of the boy?

After the foregoing, the symptomatology may be summarily disposed of. It embraces paralysis, flaccid or with contracture and of various distribution; anesthetics, tremors, jerkings and tics, blindness, deafness, mutism, stammering, insomnia and horrible nightmares, emotionalism, abulias; in short, the whole assortment of disturbances known to functional nervous disease. Especially should be mentioned severe cases in which the patient seems to be a mere automaton; he neither speaks nor hears, recog-

1. When the occurrence of trench feet was made a breach of discipline, the frequency of this disability immediately diminished.



nizes neither persons nor things, does nothing of his own initiative; apparently has lost all higher functions of the nervous system and is little more than an amoeba. But even this condition has been shown to be a mere retreat into oblivion; a convenient *psychologic dugout* into which to crawl. But if this shelter afford no protection the victim quickly comes out. One example.<sup>2</sup> Several men came back to a first aid station in such a dazed state that they did not recognize their own officers, responded not the slightest to questions or commands, made neither sound nor movement, apparently were utterly oblivious to their surroundings. Finally one of them was taken by the arm and led toward the dressing station. As they approached the place he noticed a hole in the wall made by a shell. He recoiled, crying, "No, no Major, I won't go in there. Shells are falling there, too. That hole was not there yesterday." And all of them scurried for a nearby blockhouse. When an ambulance arrived there was no need for orders. Spontaneously they hurried to it, scrambled in and established themselves in a perfectly normal way. In other words, the moment their peculiar unconsciousness failed to serve a purpose, it disappeared.

Demands of brevity preclude more than a sketchy outline of treatment. The first requisite is a definite and accurate diagnosis. In the treatment of the neuroses hesitation and tentative steps are fatal. Indecision means failure. The physician must act promptly, perhaps swiftly, always with confidence, often with emphasis. This he cannot do unless he knows he is right and he cannot know he is right unless he is familiar with organic and functional disease of the nervous system and has made a *thorough examination*.

Having made an accurate diagnosis, one naturally avoids the blunder of treating these patients as malingerers; a blunder which promptly defeats all therapeutic effort. And for two reasons: (1) the patient at once sees that the doctor does not understand the trouble and hence has no confidence; (2) a rapid recovery incriminates him as a coward and a liar. Parenthetically, I might add that in the majority of instances the best way to deal with a malingerer is not to accuse him of his perfidy but to assume that he is sick but perfectly curable and that *we are going to cure him*. All observers agree that serious malingering is rare.

The next step is an adequate investigation of the patient's psychic life; his experiences, his convictions, his emotions, especially his fears and desires, his susceptibilities; in short, his strong and weak points; his personality. If this inquiry has been properly made, the physician has acquired two things: adequate information and the sick man's confidence. Then comes the exercise of intellectual skill with each individual case, which means with each individuality. For the treatment of the neuroses means the management of the individual. And for such management the doctor must be absolutely dominant. I do not mean the domination of dictation and arrogance. Harshness based on ignorance is just as calamitous as ignorant mollicoddling. The situation is explained to the patient in terms that he can understand and in a way that *will appeal to him*. For some a short, forcible statement that the trouble is not serious and will be quickly removed is best. For others more details are better. For some a sort of intellectual and semitechnical disquisition is more potent. Generally a confident prediction of some immediate result is made. And the prediction can almost always be realized in one way or another. Lack of time forbids going into details, but four findings of experience must be noted.

1. War neuroses never develop instantaneously, rarely rapidly. The situation becomes insupportable only by degrees. The man has been growing weary, sleepless, apprehensive, irritable, sensitive. That is the time for prophylaxis. A rest *under proper influences* restores his physical vigor and his morale, and he is ready to fight again.

2. It has been found that many cases caught young can be quickly cured just back of the lines and the man returned to the front. A letter from my former associate, Major Lewis J. Pollock, now in France, says that cases seen there are the same as those seen here, that the men have the same fears and apprehensions and that a competent man with proper equipment performs the same old miracles.

3. For several reasons these cases are not adapted for general hospitals but are best handled in special neuropsychiatric units.

4. Under present conditions, to invalid the patient home is the worst possible procedure. I have been told that our government has decided to have all such cases retained in France until it may be found that recovery will be slow. This is a wise decision and should have the

2. Du Roselle and Oberthur: *Rev. Neurolog'que*, February, 1916, Vol. 29, p. 599.



unanimous and vigorous support of the medical profession, military and civil.

5. I venture to emphasize what would appear to be axomatic, but what at times seems to evade the awareness of medical men as well as of laymen. For the successful treatment of war neuroses an understanding of their nature and the mechanism of their birth is not enough. In addition there must be the ability to *do*, acquired only by active experience. So simple a trick as bandying about three or four gilded balls cannot be well done without considerable practice. How, then, shall one juggle with the instincts, emotions and intelligence of human beings without the acumen and skill that come only after much endeavor.

Addendum Jan. 22, 1919. Termination of the war has rendered nugatory conclusion No. 4 above. Not only has it settled what is to be done with the men but has supplied most striking support to the thesis of this paper. Abolition of the war has cleared the situation for the soldier quite as effectively and much more agreeably than the loss of an arm or leg. In other words, the intolerable condition no longer exists, there is no occasion to escape by way of a psychoneurosis, the man gets well. I don't mean to say that every case of war neurosis ceased to be with the advent of peace, but most of them did. A few will continue and there will be a few relapses because for the patient the neurosis will be the easiest solution of post-bellum perplexities.

---

## THE PRESENT STATUS OF RADIUM THERAPY\*

T. C. KENNEDY, M.D.

INDIANAPOLIS

The limited time at my disposal makes it impossible to go into this subject in the detail with which I would like to treat it and which the subject demands.

Much has been written on radium therapy and many unfounded claims have been made, especially by the lay press, but the inestimable value of radium in the treatment of both malignant and benign growths and certain skin lesions has not as yet been fully recognized by the profession at large.

We are going through the same experience with radium as did the early workers with the

roentgen ray. The technic of roentgenology has changed many times until now certain points, as screening, time of exposure, etc., have become definitely settled. By experience we are learning more about the dosage of radium, time of application, the kind and amount of screening and many other points.

I propose to give you a brief résumé of the work done at the radium laboratory from the time we began in August, 1914, to the end of December, 1916. In these statistics we do not deal with any cases later than 1916, which gives us a period of two years to judge of our end results. This does not cover the recognized five year period in which a patient must remain well in order to be classed as cured, but it is believed that this report will be of value in giving an estimate of the benefits of radium.

Later in this paper I shall present the history of some cases that have been more recently treated, and while we cannot judge by these cases as to the curative value of radium therapy, yet it will give us at least an estimate of the palliative value. We feel confident that when we come to make a report of our work for 1917 and 1918 we will be able to give statistics that will be still more encouraging on account of our improved technic.

It has been said that cancer is a disease of the better class, appearing especially in people who have been good liver and were accustomed to the better things in life. Such has not been our experience, as we find that 57 per cent. of the cases treated were charity, not having even enough to pay a moderate fee.

From the time we began our work with radium in August, 1914, to December, 1916, 311 cases presented themselves for examination. Of this number ninety-eight were not treated for various reasons, some asking us to guarantee a cure, some having no faith in the treatment, some had been told that the treatment would make them worse, etc. We have given all patients to thoroughly understand that we held out no promises of cure or even relief. We have only one promise to make and that is to do the best we can. We have not been able to trace sixty-seven patients. In this class is placed those who took a few treatments and disappeared, and some who left the community and could not be found.

One hundred and forty-six patients were treated. Of this number 117 were malignant and 29 benign. There were 64 males and 82 females.

---

\*Read at the Indianapolis Session of the Indiana State Medical Association, September, 1918.

Our malignant cases were as follows:

Cancer of	No.	Males	Fe- males	Im- proved	Not Imp.
Rectum .....	6	4	2	3	3
Vagina .....	4	..	4	3	1
Urethra .....	2	..	2	..	2
Penis .....	4	4	..	1	3
Breast .....	12	..	12	9	3
Tongue .....	11	6	5	4	7
Tonsils .....	5	3	2	2	3
Larynx .....	4	4	..	1	3
Cecum .....	2	2	..	1	1
Lower Ld. ....	7	6	1	6	1
Alae of nose ..	6	1	5	5	1
Lower lip .....	9	8	1	6	1
Ear .....	4	1	3	3	1
Stomach .....	5	2	3	3	1
Glands of neck ..	6	6	..	4	2
Cervix .....	18	..	18	16	2
Hard palate .....	2	2	..	2	..
Elbow .....	1	1	..	1	..
Shoulder .....	2	..	2	1	1
Back of neck .....	2	2	..	1	1
Fundus of uterus ..	2	..	2	2	..
Osteosarcoma .....	3	3	..	1	2

It will be noticed that in females about 40 per cent. of the cancer occurs in the breast and uterus. Another noticeable feature is the fact that the tongue cases were so evenly divided between male and female, there being six male and five female.

Under benign conditions we had:

	No.	Males	Fe- males	Im- proved	Not Imp.
Lupus erythematosus ....	4	2	2	3	1
Keloid .....	6	3	3	5	1
Angioma .....	5	2	3	5	..
Uterine fibroids .....	6	..	6	6	..
Goiter .....	3	2	1	2	1
Uterine hemorrhage .....	5	..	1	1	..

Cancer of the breast operated, 10; clinically cured, 6; not operated, 2; clinically cured, 2.

Cancer of the cervix, hemorrhage checked, 16; discharge checked, 12; odor relieved, 13; no change noted, 2. Two died of pneumonia, 1 typhoid fever, 1 diabetes, 9 cancer, 5 are living.

Cancer of rectum, 6 cases, one lived 9 months, one 12 months, one 17 months, one 19 months. Two are living at the end of 23 and 27 months.

Of the ten cases of cancer of the breast who had received postoperative treatment, six remain well, but as it cannot be determined how much of their recovery is due to radium and how much to operation we will not dwell on these cases. The other two cases were truly operative cases but both of them positively refused advice to be operated and we deemed it advisable to resort to radium treatment. A short resumé of these two cases will be given.

CASE 1.—On June 14, 1916, Mrs. W., of Waldron, Ind., aged 78, came for examination. She says that on May 6, 1916, she found a lump in her right breast. At times she was having sharp shooting pains. I found a distinct mass in the outer and upper quadrant of her right breast, with retraction of nipple. She complained of pain on manipulation. I urged her

to be operated but she positively refused this advice on account of her age, and, as she explained, the weakened condition of her heart, of which she had complained for several years. While I was thoroughly convinced that operation should be resorted to, I was sure that I was justified in the use of radium when operation was refused. She went to the Deaconess Hospital and 100 mgs. of radium element, screened with 3 mm. of lead and covered with rubber, was applied for eight hours. During a period of one week she received 3,000 radium hours. At the end of two weeks she complained of quite a severe reaction. There was some sloughing which healed kindly in a few weeks, and there was a complete disappearance of the mass. It is now two years and three months since she received the treatments and she remains clinically well. She is in far better condition than if she had taken the advice to be operated.

CASE 2.—Sister —, of the House of the Good Shepherd. Referred to me by Dr. E. F. Brennan. On Sept. 11, 1916, I elicited the following history: Aged 48; grandfather died of cancer of the face and one brother died of tuberculosis. About March, 1915, she noticed a marked retraction of the nipple of the right breast and a lump just to the right of the nipple. She had lost 17 pounds in the last six months. I found a marked retraction of the nipple of the right breast, with a metastatic involvement of the axilla. Dr. Brennan had urged operation which was refused. One hundred mgs. of radium, screened with brass and also 3 mm. of lead covered with rubber, was applied for eight hours. She received 3,000 radium hours over a period of about two weeks. She had some reaction from the radium which was not severe and healed completely in a short time. There was a complete disappearance of all evidence of the disease. She has been clinically well for more than two years.

Every case of cancer of the breast presenting to the Radium Laboratory for examination is urged to accept operation if not clearly beyond the operative stage. Many patients absolutely refuse operation. Under these circumstances we believe that we are warranted in using radium.

The true value of radium can never be determined by using it only on cases that are beyond the operative stage and are surgical discards. Our results in far advanced cases have been so marked in many instances that we believe that very much can be accomplished with radium if the treatment is given in the early stage, but we are being conservative and have not given up advising surgery in cancer of the breast.



## CARCINOMA OF THE UTERUS

Marked improvement almost always follows the treatment of inoperable cancer of the uterus. It is in this class of cases that we get the best results. Lessening of the discharge, arrest of hemorrhage, relief from pain, is almost always obtained, and in quite a number of cases a clinical cure is the result.

Our routine practice is to apply a 50 mg. or 100 mg. tube into the cervical canal, but where this is impossible it is placed in the posterior fornix and another applicator to the abdominal wall. These tubes are screened with brass, lead and rubber. The patient is given 3,000 radium hours in from five to ten days. The patient is asked to return for examination at the end of four weeks. In our early experience, we got a vaginitis in quite a few cases, and in two cases there was a marked irritation of the bladder and rectum.

Ransohoff has advised the injection of 2 ounces of olive oil into the rectum twice a day to overcome the rectal pain and tenesmus and we have found the treatment very effective.

The radium treatment of uterine cancer is rapidly growing in favor as the treatment of choice. Some of the most hopeless cases have been relieved for quite a long time, and, on the other hand, some of the earlier cases prove quite refractory. The time which has elapsed since we commenced the radium treatment is too short to prognosticate our end results.

Postoperative recurrences usually prove very refractory, but occasionally we find a case in which the improvement is very satisfactory. In every case of cancer of the uterus where surgery is contraindicated, radium treatment should be advised.

CASE 1.—Mrs. C., aged 43; referred to me by Dr. Edward Clark. No cancer or tuberculosis in the family. In March, 1916, she had pain and soreness through the abdomen and back. Had irregular menstruation and for some time the flow had been almost continuous. Her bowels had been constipated for years. Had a great deal of pain nearly all summer. On Sept. 7, 1916, she was curetted and cauterized, a hysterectomy being deemed inadvisable. She left the hospital on the thirteenth day. She continued to have pain, and the hemorrhage and offensive discharge reappeared again in a short time.

I saw her on October 13, at which time she weighed 93½ pounds; had a marked cachexia and was very weak and frail. On October 16 I gave her an application of 50 mgs. radium for twelve hours. The next day she felt weak,

slightly nauseated and a general malaise. On account of this condition I thought best to wait forty-eight hours from the time of the beginning of the first treatment. I gave application of 50 mgs. for twelve hours in each twenty-four until she had received 3,000 radium hours. The hemorrhage was promptly checked, as was also the offensive discharge. On November 16 she weighed 96½ pounds. On November 30 she weighed 105½, a gain of 9½ pounds in two weeks. She remains clinically well now, about two years from the date of beginning radium treatment.

CASE 2.—Mrs. H., Campbellsburg, Ind., aged 54, came to the Radium Laboratory for examination Nov. 20, 1916. She began to have hemorrhages about ten years previous to this time; suffered severe pain and was operated in Louisville, Ky. In April, 1915, she had a recurrence of the hemorrhage and pain. She saw the surgeon who had performed the hysterectomy and he told her that she had a recurrence and was inoperable. She was having profuse bleeding and severe pain; obstinately constipated, appetite good and was sleeping only fairly well.

On examination I found great tenderness, and the examination produced quite considerable bleeding. There was quite a mass at the lower part of the pelvis. She was given an application of 50 mgs. radium for twelve hours, which was given to her two or three times a week until she had received approximately 3,400 radium hours. The hemorrhage was promptly checked and the mass in the pelvis disappeared. In about six weeks she had very severe rectal irritation which was quite refractory to treatment. She is at this time clinically well.

## CANCER OF THE RECTUM

Cases of cancer of the rectum that come for treatment early, before metastasis occurs, usually have a good chance of relief and frequently life is greatly prolonged. We have one advantage in treating cancer of the rectum, and that is, we have room enough in the lumen of the rectum to introduce tubes of radium sufficiently screened to protect the normal tissue. In our earlier experience we got burns, some of which made life a burden to us for a few weeks. The difficulty of holding the radium tubes in the desired position directly on the mass has been overcome by an instrument which is firmly fixed in place by means of a set screw on a carrier. We have found this method practical, and much more satisfactory results have been obtained since using it.

In some of the very far advanced cases the relief obtained sometimes is almost incredible. A case we had this year is an illustration of



what may be done in advanced cancer of the rectum. When this patient entered the Deaconess Hospital he had a very large anular mass high up in the rectum. It was only with the aid of copious injections of water and severe straining that he had a stool. It was impossible to get the index finger into the constricted mass. At this time, about nine months after treatment, he defecates with very little difficulty and there is almost complete retrogression of the mass.

When a dense fibroid ring forms around the lumen it is necessary to do a colostomy. It is advisable to do a colostomy if there is a mass of considerable size, or if there is ulceration, and then make postoperative applications.

The routine method of treatment is the application of 100 mgs. for 12 hours, repeated each 24 hours until approximately 3,600 radium hours are given. The radium is screened with 2 mm. of lead and also rubber. The rubber prevents irritating effects of the rays of Sagnac which are produced by the rays of radium passing through the metal.

Some proctitis is to be expected from the use of the radium. Occasionally there is some sloughing, but usually it is simply an irritation which produces some discomfort for a period of about a month.

#### BENIGN CONDITION

The use of radium in benign conditions is now becoming recognized. With many surgeons it is now the treatment of choice in uterine fibroids. Kelly says, "Radium reduces the tumor in almost every instance, relieves pressure symptoms and even causes large tumors to disappear." He believes that with increased experience and improved technic it will be possible to relieve every patient of hemorrhage and in most instances to do away with the tumor, say in nine cases out of ten, and that without serious discomfort, risk or confinement to bed for more than one or two days.

In our experience every case of fibroid coming to us for treatment has been entirely relieved of hemorrhage, and of the six cases tabulated there was complete retrogression of the tumor in three, marked diminution in two and no change in the size of the tumor in one. I will only take time to report one case.

Miss K., aged 27, occupation nurse, unmarried, presented herself at the Radium Laboratory Nov. 3, 1916. She had been having profuse and prolonged menstruation for about three years. A mass in the pelvis was easily perceptible. She had been advised by a sur-

geon to be operated but refused. She was given 2,700 radium hours in two treatments. Her next menstruation after having the treatment was about the same as it had been, and on account of it, had to remain in bed several days. She was given 1,000 more radium hours and she has had no further trouble with the hemorrhage. The tumor began to slowly retrogress, and without any further treatment it could not be palpated after about the fourth month. She is now entirely well, having no evidence of tumor.

In angioma, keloid, naevi, lupus erythematosus and goiter, radium is of established value. There is generally an absorption of the angiomatous and keloidal tissue, and the results frequently are most satisfactory. Lupus erythematosus is a very intractable and unsatisfactory disease to treat, but with radium good results may be obtained.

Three cases of exophthalmic goiter were treated, two male and one female. All of them were relieved of the nervous and heart symptoms. After a period of six months one had a recurrence of the symptoms. The case reports I give will be very brief, but the picture will tell you of our results better than I can give.

CASE 1.—Mrs. R., aged 77, referred by Dr. King; epithelioma of nose. She says she had a red spot on the nose about ten years ago. It began to ulcerate and when we saw her first there was considerable destruction of the edge of the nose and ulceration extended over on to the cheek. She was given radium treatments at intervals of from two to four weeks. The lesion remains healed.

CASE 2.—Mr. E., aged 58, epithelioma of lip and chin. Has used alcohol and uses tobacco. One brother died of cancer of the stomach. He had an ulceration of the lower lip several years ago which would not heal. Pastes, roentgen ray, and everything that had been suggested to him had been tried but all were of no avail. We made a very unfavorable prognosis, but he insisted on trying radium. We gave him massive doses and he got a very severe burn, but the burn yielded nicely to treatment and the epithelioma was completely destroyed.

CASE 3.—H. C. M., farmer, aged 70, referred by Dr. Boggs, Southport, Ind. Had epithelioma of inner corner of right eye. Had a lump for several years, but as it did not pain him he paid no attention to it. About six months ago it began to break down and there was a profuse discharge of foul-smelling pus. We used 100 mgs. of radium, well screened, in order to protect the eye. It yielded nicely to the radium treatments and he is clinically cured.

CASE 4.—Mrs. S., aged 70, referred by Dr. George Pendleton. For five years she has had an ulcerated spot just anterior to the right ear, epithelioma. We gave her 100 radium hours which was sufficient to effect a cure.

CASE 5.—Mr. J., aged 80, referred by Dr. Johnson. Epithelioma of lower lid of right eye. Has had a lump on the eyelid for about five years. Six months ago it began to enlarge rapidly. He refused operation which had been advised. Fifty mgs. well screened with silver, lead and rubber to protect the eye was applied until he received 400 mg. hours. He is clinically cured.

CASE 6.—Mr. M., aged 76, referred by Dr. Barnhill. He had an ulceration on the right side of the nose for several years which refused to heal. It has entirely healed under the radium treatment.

CASE 7.—Mrs. L. M., aged 50; epithelioma of the left side of neck. There was an elevated mass, ulcerating, with tendency to bleed. She was given 40 radium hours with a well screened flat applicator. The lesion is entirely healed and the cosmetic result is perfect.

CASE 8.—Mr. M., aged 54, of Browns Valley, referred by Dr. David Ross. He had a small epithelioma on left side of nose. Applied flat applicator and the lesion has entirely healed.

CASE 9.—Miss H., aged 24; five years ago she had a small tumor removed from the left arm, followed by the appearance of a keloid. One year ago she had the keloid removed but it promptly returned. A square applicator, lightly screened, containing 10 mgs. of radium, was applied. She was given 100 radium hours and the keloid has disappeared.

Epithelioma yields readily to radium treatment and the cosmetic results as shown in the pictures are much better than with any other method. In lesions about the face the cosmetic results are worth everything to the patient. In cancer of the buccal and lingual mucous membrane we have a very refractory condition to deal with. A small per cent. of these cases have done well, but on the whole, they are disappointing and discouraging.

In drawing your conclusions in regard to the benefits to be obtained by the use of radium it must be remembered, in the final analysis, that the cases referred to the Radium Laboratory for treatment are cases that have been operated and are in the surgical discard.

Abbe<sup>1</sup> has well said, "The public hue and cry for a specific cancer cure has but a remote interest to the scientist who uses radium only

for what beneficial effects he obtains. Certain it is, in the broadening field of its successes, it fills a need no other agent does."

Cullen<sup>2</sup> says, "At the present time we know of at least three good things radium has done. 1. It has apparently cured a percentage of surgically inoperable cancer and sarcoma cases. 2. It has prolonged life in others. 3. It has relieved pain and done away with or mitigated distressing discharges in not a few. In other words, it has done enough to make us feel that we would want to have it tried on any member of our family that had an inoperable growth."

## THE INDUSTRIAL CLINIC \*

M. A. AUSTIN, M.D.  
ANDERSON

A few years ago the larger cities were the proud possessors of hospitals, surgeons, laboratories and clinics. Gradually these luxuries have been acquired by many of the smaller cities and towns and as good work as can be done by any one in many lines of medical effort can be observed in even cities of the third and fourth class. Real hospitals have been built, real surgeons have acquired more than a local reputation for good work, real laboratories have grown up and are giving us realiable service in making various examinations. As the necessity for these things have developed, the things themselves have come to pass and as the necessity for the making of a physical examination of employees has been shown to be desirable and necessary, so the industrial clinic has been established.

It would be as surprising to the average doctor as anything could be were he to visit some industrial plants and see the equipment provided for the welfare of their employees. I was sent a couple of months ago to Chicago to spend two days looking into the matter of the welfare work furnished the employees by two large corporations. At one place I found a hospital furnished with twenty beds, a surgery completely equipped for any kind of an operation, a staff of seven doctors and twelve nurses, a laboratory equipped for radiographic work of every description and an expert laboratory man in charge of the chemical and microscopic

2. Cullen, Thomas S., M.D., F.A.C.S., Baltimore: America's Place in the Surgery of the World. Surg. Gynec. and Obst., No. 4, pp. 376-390, October, 1917.

\* Read at the Indianapolis Session of the Indiana State Medical Association, September, 1918.

1. Abbe, Robert: Lymphangioma and Radium, Med. Rec., LXXXVIII, pp. 215-217, Aug. 1, 1915.



department, doing everything in the way of bacteriologic and serilogic work. I asked concerning the amount of Wassermann work that was done and they informed me that a Wassermann was made in every fracture case and in every case where there was delayed healing in a wound. I had a conference with the heads of the welfare departments of these factories and asked as to the benefits, not only to the companies but to the employees themselves. They stated that it was the best investment the company had ever made.

About two years ago I read a paper before the manufacturers association and reported cases in which to my knowledge \$15,000 had been paid to employees on unjust claims. Among these were ununited fractures due to diabetes, loss of eyesight due to syphilitic inflammation, tubercular infection localizing after injury and aggravation of rheumatic infections following sprains. These are but a few conditions for which damages have been paid to injured employees. Besides these there are the ever recurring cases of pulmonary tuberculosis, who ascribe their illness to the inhaling of fumes from chemicals, storage batteries, paints, mechanical mixtures or dust.

Unusual conditions are occasionally met with and one of these was that of a man who had been sick for some time yet able to continue his work, which did not demand very much effort on his part. He came to work one morning and stopped to tell the watchman that he had had a bad night and was going to quit until he got to feeling better, after he had finished his work that day. He started to climb a ladder a little while afterwards in order to oil a line shaft. He was seen to crumple up in a knot and fell from the middle of the ladder. Striking his head on a machine he sustained a fracture at the base of the brain and died three hours later. A postmortem showed that he had an abscess in the gallbladder with a stone impacted in the cystic duct. Undoubtedly he had a spasm of pain which caused him to let go his hold and he fell. His family have been awarded 300 weeks compensation because of his death. A similar case was that of a man who had diabetes and sustained a fractured leg. Non-union was followed by gradual exhaustion and death six months after the injury. This accident cost his employers \$3,000. The justice of these claims I am not discussing at all, but the fact that many of the employees are ignorant of their own physical disabilities has made it necessary for the employers of labor to know

the physical condition of every employee. Two corporations in Anderson are now demanding that every employee be given a thorough physical examination as one of the conditions of employment. Every man or woman that is accepted by the employment clerk is given a circular letter which reads as follows:

#### A-1

This company is requiring a physical examination of all its employees, not only as a safety first measure that will permit the company to give every one the kind of work for which they are best fitted physically, but also to give a service of real value to its employees in advising them of many unknown defects.

These examinations can benefit the employee if the surgeon finds any physical disability and recommends measures for its betterment or cure. Bad teeth, bad tonsils, constipation, eye strain, defective vision, rupture, chronic heart disease, high blood pressure and other equally undesirable conditions have been common findings. When recommendations are made for their treatment, either the company surgeon or nurse is available for any further examination and treatment that can be given at the factory hospital.

Certain examinations and treatment will be given at Dr. Austin's office if special orders are obtained from the nurse, but no chronic diseases, venereal diseases or contagious conditions will be cared for, and no house visits will be made unless in case of accident. Any employee who is too ill to remain at work should consult his family physician at once.

Dr. Austin may be consulted at the factory on his regular morning visits, by any employee, free of charge, and free prescription will be given for any ordinary illness or indisposition. Sore throats and skin diseases must be reported to him or his assistant at once.

Keep yourself well and able to do your best by looking after a little indisposition and preventing it from developing into a long illness.

#### B-1

An average of sixty employees are examined each week and in this work I am assisted by an assistant physician, a graduate nurse and two young women whom I have especially instructed as assistants. Of course, it would be impossible for me to make sixty complete examinations equivalent to an ordinary life examination unless the work was systematized and the routine history ready for me. To accomplish this the following instructions were given to my assistants:

#### B-2



INSTRUCTIONS TO ASSISTANTS MAKING  
PHYSICAL EXAMINATIONS

First secure name, address and age, date of birth and civil state. Civil state referring to married, single, widow or widower. If married ask the number of children and ask if they have other dependents, if a young person ask if they are contributing to the support of any one, particularly their parents. Inquire as to their previous occupations, find out who their employer was and as to the kind of work they have been previously hired to do, whether piece work, day work, common labor or skilled labor. Ask what kind of work they have applied for in their employment application.

In making inquiry as to past illness inquire as to typhoid fever, lung fever, pneumonia, appendicitis, indigestion, kidney or heart trouble, and with a certain kind whom you will be able to recognize, inquire as to fainting spells or fits.

Inquire of all women applicants as to any female complaints, any leukorrhea, any severe pain during menstruation, whether their menstruation makes them sick enough to go to bed for a day or two. Whether they flow too much or too little, whether they have headaches following their sick time. If it is a married woman inquire as to the number of children and miscarriages, whether she had any trouble during her confinement. Inquire as to breast trouble.

Make inquiry of all applicants as to rupture, rheumatism, tonsillitis, rectal trouble or constipation. Inquire as to accidents or operations. Look for scars or deformities in hands or limbs.

The facts not mentioned by special printing on the cards you can put under personal history.

Inquire as to consumption, heart disease or cancer in the family.

After the facts ascertained above have been written on the card, have the applicant sign the same and the routine examination to be made by the assistant will be as follows: Height, weight, temperature. All thermometers used in taking temperature to be washed, after using, in cold water and should be kept in a carbolyzed solution, which is washed off each time before giving to the applicant. The head and neck are to be inspected, the condition of the head noted for signs of dirt or lice. If the hair is patchy or scanty in spots it may be a sign of syphilis. If there are any scars on the neck or back of the ears it may be a sign of scrofula. Any tumors or swellings of the neck must be mentioned, particularly goiter. The tongue is to be inspected and classed as clean, dirty or coated. The teeth to be looked at and classed

as good, neglected or bad. Gums to be classed as good or bad. The latter being swollen from neglect or pyorrhea. The throat is to be inspected, using a new wooden tongue depressor for each applicant. Any sores in the roof of the mouth or inside the cheek and condition of tonsils from previous infection should be noted on the card. Any deformity of the nose, particularly the kind with the broken back or caved in side should be noted, as these are frequently syphilitic. The pupils are to be examined for reaction to a bright light, contracting on exposure. Then test for coordination by having them stand with heels and toes together and eyes closed. Any normal individual can stand this way without any effort. It is one of the early signs of spinal disease. On crossing the knees after having the applicant sit down, try for the knee reflex which is found in the normal individual by having the leg kick up just below the knee cap. Stretching the arm out with the fingers extended and widely separated will show any degree of nervousness or trembling that comes as a result of various excesses, especially alcohol and tobacco. The visual acuity is tested at a distance of 20 feet, using Snellen's chart, and the last line read correctly should be the size letter that is marked. Systolic and diastolic blood pressure should be taken of all applicants over forty years of age. Any variations from normal will be reexamined by the physician when he completes the examination. B-3

Following the examination as above, made by the nurse and her assistants, a red circle is placed around every diviation from normal found in the nurses' examination, or any particular fact ascertained in the personal or family history of the employee. These cards are then turned over to me each morning and with this card and the nurse's findings we review and re-examine the defects already found and in addition make a thorough examination of the heart. If there is any history of tuberculosis or any suggestion of a lung disturbance, an overrapid pulse, a temperature above normal, or if the patient is of that pulmonary type, which we learn to recognize, the lungs are thoroughly examined with the entire chest bare. If there is a history of a chronic stomach trouble, the abdomen is examined for tenderness over the gallbladder, and if the history shows any suggestive pelvic symptoms, an external examination is made with the patient in the recumbent position.

It was expected that objection would be raised to these examinations, but after nine

months of this work I have had no employee refuse or object to this service. During one week I found four cases of chronic endocarditis, three of whom were ignorant of any heart lesions, a case of diabetes with 5 per cent. of sugar in the urine, two cases of chronic Bright's disease with blood pressure of over 200 and one case of tuberculosis, who was receiving chiropractic treatment. The percentage of employees with bad teeth and bad tonsils has not been figured out by me, but there are so many that I get tired of telling them to go to a dentist. Goiters of all descriptions are met with, although only one case of exophthalmic goiter is under observation. Active tuberculosis cases are not accepted in any department. A case of diabetes was given two weeks to put himself under the care of a good physician and report every two weeks so that we may get a specimen of urine. Refusal to take proper care of himself or discontinue treatment as long as sugar is in the urine will cause his dismissal from employment. Ruptured employees are given work requiring no lifting or strain. They are also notified that they will be reexamined in six months and they will be expected to arrange for an operation before the end of that time. Employees with albumen in the urine and high blood pressure are given a memorandum of my findings and are requested to report for reexamination in thirty days. They are requested to keep in touch with their physicians. No case under the care of a reputable physician is interfered with in any manner. Any employee requesting information on other than acute conditions is always asked whether he is, or when he was, under the care of another physician. Of course, it is to be expected that my work will at times cause a certain class of doctors some annoyance, as for instance, two employees who gave a history of typhoid fever followed by chronic stomach trouble. One man was treated for six months without ever having an examination made, the other had doctored for years with the class of doctor that does not need to make examinations. Both of these men had chronic cholecystitis. What to do with these neglected and mistreated invalids is a problem that some industries have tried to solve by having a printed list of the reputable doctors who make it their business to give their patients a dollar's worth of service for every dollar spent with them. From twenty to fifty acute medical conditions are reported to the nurse every day. All cases reported before 10 o'clock will be seen by me or my assistant, but

the services of the nurse and myself are preventive and not curative. Three cases of acute smallpox came to the hospital in one week. Free vaccinations were then done for every employee in their departments. Those who had never been vaccinated and refused vaccination were reported to the secretary of the health board and dismissed from employment for the quarantine period of sixteen days. Those who were vaccinated had their arms looked after and were visited at home if too sick from the vaccination to return to work. Any employee showing a temperature over 100 is sent home and advised to consult a physician. During the recent epidemic of grip I sent fourteen home one morning. We were having at this same time an epidemic of pink eye, and two bulletins were placed in every department of the factory, one of them stated,

#### SPECIAL NOTICE NUMBER ONE

There is prevalent at this time a serious epidemic of grip, accompanied by severe cough and lung symptoms, immediate relief of aching and fever can be had by getting one-half dozen tablets of sodium salicylate, 5 grains each, and one-half dozen acetylsalicylic acid tablets, 5 grains each, and take alternately every hour. A good laxative is also advisable. If there is any severe pain in the lung with high fever or much cough consult your own physician at once, and avoid a possible pneumonia.

#### SPECIAL NOTICE NUMBER TWO

An epidemic of pink eye, a contagious inflammation of the eye, has arrived for its annual spring visit. Many of these cases only show a slight redness and burning in the eyes for a day or two. Others may be so serious as to cause several weeks of disability and suffering. Report to the hospital at once if you have any eye disturbance and if you have any pus in your eyes when you wake up in the morning, use some hot towels with some boric acid in the water. Don't let any one use towels that you are using for they will get the infection from your towels. If eyes are inflamed more than twenty-four hours consult your own physician and report to the hospital before you go to work.

These notices are the first of a series of bulletins which will be printed in slip form and given to every employee. They probably will not be the *a' la* Hirschberg type but a series of short pamphlets on every day neglected conditions will be issued. Such subjects as colds,



bad teeth, rheumatism, indigestion, blood pressure, consumption, stomach trouble, and appendicitis will be discussed so the layman can understand just what the conditions are. A small dispensary has been provided for the nurse containing about twenty of the ordinary remedies for temporary relief of the most common minor sickness. Migraine improved, sodium salicylate, acetylsalicylic acid, triple bromids, one-fourth grain; calomels, flatulence, Decosta Heart Tonic, laxative cold tablet mixture, A. L. C. drops for the toothache, fenol glycerine for the earache, adrenalin for nose bleed, provide temporary relief and save employees many hours of suffering and the company many hours of needed time. A dispensing envelope may be given with not to exceed six tablets. The majority of patient are given not more than three. On the outside of the envelope the directions are written, but on the bottom of the envelope is printed, "If no better when these are taken consult your own physician." The nurse keeps a record of very prescription she dispenses as well as the time of day. Every employee who misses a day's work for any reason must report to the nurse and give reason of absence and a nurse's return to work slip is necessary before the absent employee can get his time card.

## INFANT CONSERVATION \*

ADA E. SCHWEITZER, M.D.

Assistant Bacteriologist Indiana State Board of Health Chief  
Medical Staff, Field Survey, U. S. Children's  
Bureau, Department of Labor

INDIANAPOLIS

America as a nation is unique. Born of Liberty and Equality, the best blood of old English and Roman law in her veins, she has grown to maturity. Nourished by the free air and soil of her own domain, she has assimilated the choicest offerings of the Orient in science, in literature and in art.

With the wealth of a continent at her command she has been prodigal in her wastefulness. She has laid low her mighty forests, disembowled her rock-ribbed hills, drained the fertility of her soil until awakened at last by the gradual exhaustion of these resources she has been compelled to plan their conservation.

The present world crisis is bringing her a new birth. In its baptism of fire she is being rechristened among the nations of the earth.

She is now inventing and giving, leading and conserving.

For the hundreds of oppressed who fled to her for protection she is sending back millions of free men who will see that oppression shall cease. For every soldier who falls a thousand spring forward armed for the fray. Back of these are the unarmed millions, soldiers of industry, all with the single aim to make the world safe for humanity. At last America realizes that her most valuable asset is the lives of her citizens. These are her wealth and her power, her glory and her dominion. With a clear vision she plans their conservation.

For intelligent direction of effort she must know the present number of lives, the annual number of births, and the deaths at different ages; the causes of death, classified as preventable or non-preventable; the means of preventing needless deaths; the probable effect on the birth rate and the death rate of the war. She must know the value of health. She must organize existing agencies to prevent wastefulness and duplication.

The statistics collected by the United States Census Bureau furnish practically correct information concerning the population, but the number of births and deaths can only be estimated, as the death registration area includes only 73 per cent. of the population, and the birth registration area includes only 51 per cent. Military classification has emphasized the importance of complete and uniform birth registration and the necessity of federal control for its accomplishment.

A study of mortality statistics by ages shows that by far the highest percentage of deaths occurs in infancy. In 1912 it was estimated that 300,000 babies died, a number greater than the entire population of Indianapolis. It is stated that at least one-half these deaths were preventable, and that 42 per cent. occurred under one month. Of these early deaths, 88,200 were the result of accidents at birth or of prenatal conditions. Thus it would seem that if the infant can safely crawl over the "one month dead line" his chance of surviving has greatly improved.

With proper safeguards the percentage of lives saved will increase daily. The object should be to reach 100 per cent. of the mothers and 100 per cent. of the babies. To do this the work must cover the entire reproductive period and continue until the last born child is able to care for itself. For the present it is of paramount importance that lowering of the birth rate which follows in the wake of

\* Read at the Indianapolis Session of the Indiana State Medical Association, September, 1918.



war be counterbalanced by a still greater lowering of the infant mortality rate. Interesting figures from England and Wales are quoted:<sup>1</sup>

"In 1914, a pre-war year, the infant death rate was 105 deaths under one year to each 1,000 births. In 1915 the rate rose to 110, which was probably due to the dislocation of habits produced by the war. This rise was followed in 1916 by a fall to 91, the lowest figure ever recorded there. This is attributed to prosperity of the working class, due to high wages, diminution of employment and a liberal scale of allowance to families of soldiers. In 1917 the figure rose to 97, probably due to the constantly increasing cost of necessities."

From available statistics we find that in Indiana the agencies already at work have succeeded in eight years in lowering the infant mortality rate from 136 to 78. Within the last year Indiana has become a part of the birth registration area. Analysis of draft rejections (Child Labor Bulletin, February, 1918) shows that about an equal number from urban and rural districts were rejected, the better health supervision in the towns seeming to counterbalance the greater natural advantages of the country. In both many of the causes for rejection date back to improper care or to correctable defects of infancy and early childhood.

Studies of scientists show many factors affecting vitality of infants, as alcoholism, disease or defects of parents, prenatal care, maturity at birth, obstetrical care, infant care, and home atmosphere.

Alcoholism of either or both parents, especially at the time of conception, has been shown to lower the vitality of the child and to increase any family tendency towards feeble-mindedness or defectiveness. Dr. Jacquit of Paris<sup>2</sup> reports an increasing percentage of mortality in direct ratio to the extent of alcoholism in the parents. Investigation by Salpatrie in Paris shows that of 83 epileptic girls, 60 had alcoholic parents. Most conclusive is the result of Stockard's investigations with guinea-pigs, namely, that all handicaps due to alcoholism transmitted to the first generation of guinea-pigs continue to be transmitted to several generations, even though only the original pair were alcoholic.<sup>3</sup>

Syphilis in the parent usually affects the offspring, and the poisons of other diseases and of fatigue and worry also have a debilitating effect.

Marriage laws, though often evaded, are educative in that they bring to the attention of persons contemplating marriage the advisability of physical fitness. This education should have begun long before in the establishment of regular habits during infancy and in the constant watching and physical training for fitness throughout growth to maturity. We need to make these public health matters personal, and each one for himself maintain the highest standard of physical efficiency. One who has known transmissible defects and who is not amenable to such training must not be allowed unhindered to lower the standards for his community. Both segregation and sterilization of offenders have been suggested. The decrease of alcoholism and the control of venereal disease, as war measures, will not only save hundreds of infant lives, but will also greatly improve health standards for all ages.

Thus we see that prenatal care involves in addition to consideration of personal hygiene and medical supervision, the consideration of heredity and environment. In addition to the routine examination the habits of the mother should be known, her hours and kinds of labor, her home conditions, her knowledge of her own needs and her mental attitude.

Accidents at birth advise us of the importance of obstetric care. The complete recovery of the mother makes surer the child's chance of surviving. Hindrances to better obstetrics are found in the present scarcity of doctors and nurses, the inadequate training of many who are available, the lack of proper facilities for rest and care of the mother. A committee on this subject advises the widest possible extension of prenatal care through clinics, public health nurses and committees of lay women, the standardization of hospital obstetric care requiring a routine inspection of each baby, the provision of means for better obstetrics outside the hospitals, health insurance with maternity benefits, improvement in the teaching of obstetrics, the education of all doctors in expert baby saving, formulation of a health catechism for the instruction of parents and older children, and the cooperation of all health agencies in this great branch of preventive medicine.

Our law makers should in the interest of conservation provide that the amount of work done by the mother during the later weeks of pregnancy be restricted, and if needful a monetary inducement be offered the mother for proper care and breast feeding of her infant. For some years certain industrial plants have allowed to all their recent mothers recesses at

1. Jour. A. M. A., 1918, lxx, No. 12, p. 868

2. Jour. A. M. A., lxxiii, p. 335.

3. Freeman: Disease Conditions in Older Babies That Can Be Attributed to Prenatal Influence, A. A. S. P. I. M., 1917, Part I, pp 31-35.

proper intervals for nursing the babies. That this is not entirely a philanthropic plan is shown by the fact that children brought to a healthy maturity by company cooperation become loyal and efficient workers in these industries.

The provision for national and state control of infant and prenatal care has been brought before Congress in a bill formulated by the Children's Bureau. Other countries have recognized this need and have already begun to reap the reward of such provision.

The records of more than 500 individuals at the Boston Lying-In Hospital show that the growth capacity of human infants during the first two weeks after birth is inversely proportional to the initial weight. In two weeks 82 per cent. of the infants weighing between five and six pounds at birth had recovered or passed their initial weight, as compared with 20 per cent. of those weighing from ten to eleven pounds. It is suggested that more attention be given to weight of infants at birth as suggestive of the degree of intra-uterine maturity; that a birth weight between 6 and 8 pounds indicates completion of the intra-uterine growth cycle. Those weighing less are physiologically younger, and those over eight pounds are physiologically older.<sup>4</sup>

Other factors in infant mortality are emphasized by an investigation in Baltimore reported by the Children's Bureau. The influence of color is shown by a white mortality rate of 95.9, in contrast to a colored rate of 158.6; the influence of race in a Jewish rate of 51, in contrast to 163.2 among Poles. Hygienic conditions would affect rates in both instances.

Among the artificially fed the rate is three times that among the breast fed infants. When artificial feeding is unavoidable the proper production and preparation of cow's milk must be secured.

Always the age, experience and cooperation of the mother are of prime importance. Otherwise even expert instruction may be valueless. Mothers are sometimes found who are unwilling to restrict their liberty by proper intervals of breast feeding, or who dislike the daily work incident to the proper modification of cow's milk. To these "The Lazy Mother's Friend" makes its appeal, and the baby is subjected to the dangers of prolonged feeding with condensed milk.

The longest period during which a baby should be nursed is now being considered. The

exigencies created by the war, the high price of milk, its scarcity, make advisable the longest period consistent with the best interests of the mother and child. So many babies are weaned early, and so little attention is given to correct feeding after that time that it becomes a cause for wonder how the infants manage to survive. On the other hand, in infants exclusively breast fed up to 16, 18 or 24 months, we sometimes find symptoms of rickets. In so complex a situation no one factor can be assumed to exclude all others.

Education of the mother is becoming common. The well-to-do are instructed by the family physician or the specialist, the mothers of the poorer classes by the doctor and the visiting nurse in the milk station clinics. The middle class mother seems at present in some danger of neglect. It is suggested that the idea of charity be eliminated in the management of clinics and that baby health stations be widened in scope to include instruction of all classes of mothers. The popularizing of these agencies will do much to solve the problem of adequate instruction. Moving pictures and public health lectures, the specially prepared pamphlets and newspaper publicity, all are important.

Health training must be a part of the education of every individual, beginning in infancy in the establishment of regular habits and in the development of the body. People are realizing as never before the value of health and the high cost of disease, and are asking for information. The present need of the best instructors, competent doctors and nurses, becomes increasingly acute.

Many plans are proposed. A larger number of women are taking regular courses in nurses training, short courses fitting for limited duty are arranged in many hospitals and by the Army and Navy School of nursing to release nurses already trained for more expert work. Classes in hygiene and first aid are provided by the Red Cross and by some schools. Post graduate courses in public health nursing are being established. For special instruction of doctors, post-graduate courses of lectures and hospital training are provided in obstetrics and infant care. Students of medicine are being impressed with the importance of these less spectacular subjects. Plans are under consideration for the organization of all existing agencies to prevent duplication and to promote efficiency.

The launching by the Children's Bureau of

4. Hammett, F. S.: The Relation Between Growth Capacity and Weight at Birth, *Am. Jour. Physiology*, xlv, 1918, p. 396.



the Children's Year campaign has resulted in the examination of over 5,000,000 children under 6 with reference to nutrition and to removable defects. The attention of twice as many parents and of many times as many uncles, aunts and cousins has been called to the matter. It is now proposed that the nation and the states officially provide infant and maternal care. Whatever plan of action may be agreed upon, the question must at once be given active and earnest consideration. Only thus can our nation guard its most precious possession and insure the stability of its institutions. Only thus can it meet its responsibility as the arbiter of human destiny.

SUPPLEMENTARY REPORT ON GARY PRE-SCHOOL AGE SURVEY

A study of pre-school age children was begun in Gary in January, 1918, to determine the needs of the children. Gary's birth, phenomenal growth, gigantic industries, heterogeneous population and developmental educational system furnished unusually interesting material for investigation.

The staff for the work consisted of from twenty-five to thirty persons, including an administrative official, field agents who secured family history and social and economic data, and a medical staff for physical examination. After the completion of the work the bearing of the data secured by the agents will be studied in relation to the findings of physicians.

Children born after Jan. 1, 1911, were examined, the elder ones in the schools and child gardens and the younger ones in conferences held after the regular schools closed for vacation. (The schools are always open for some summer work.) Every child was given a record of this examination together with the recommendations of the examining physician. Vision and hearing were tested in children of three years and over. On his arrival with his mother the child was taken to a room where his vision and hearing were tested; then to the undressing room where he was stripped and wrapped in a large Shaker flannel square. His height and weight were recorded and a thorough physical examination was made. His mentality was noted as normal unless a marked defect was apparent. All points were recorded on a schedule. History of previous illness was secured and the mother advised concerning defects and feeding, etc. The weight and height were again taken to avoid error. The mother was given the small record card, a pamphlet

on prenatal care, infant care or child care, as needed.

The persons conducting the survey, in order to avoid duplication of effort, cooperated with the Children's Year committee by furnishing their height and weight records. The latter committee had a table at the conference rooms and gave each mother a card with table of average heights and weights for children of different ages.

The somewhat remarkable cooperation of the Gary people will suggest what may be done in other places.

While the school examinations were in progress, Dr. O. B. Nesbit and an able corps of nurses arranged details of rooms, tables, appointments, and secured the attendance by card notification of a large percentage of mothers. The conferences were advertised by a poster contest by children in all grades of the Gary schools, managed by a special woman's conference committee, which also secured loans of furniture, rooms, lights, etc., to supplement the supply of screens and curtains made in the schools and loaned by them. The Chamber of Commerce and the Commercial Club gave \$75 to be distributed in prizes for the best posters. About eighty were contributed, many of such high merit that on request they were mounted and sent to the Washington, D. C., office for display.

For convenience of mothers conferences were held on the north side from June 26 to August 1, and on the south side from the latter date to October 5. Russians, French, Italians, Greeks, Serbians, Belgians, Lithuanians, Persians, Swedes, Roumanians, Slavs, Bulgarians, Irish, English, Spanish, Mexican and other nationalities were represented. Many parents were unable to speak-English, and brought children of seven or eight years or older to act as interpreters.

In the meantime, with the cooperation of city officials the Children's Year committee had established a baby hospital at a neighborhood house where they already had a day nursery. A special nurse was employed. A congested zone was assigned, two blocks each, to women who were ex-trained nurses, for visiting during the summer. The City Board of Health published weekly the results of milk examinations for dairies and secured the supply from a shorter radius, under improved conditions of production. They examined all specimens sent in by the Bureau physicians, and took specimens of blood to be sent to the State Board of Health for Wassermann tests. A city nurse



displacing a policeman was employed to follow up conference work. A baby health station, financed by the Good Fellow Club of the steel mills, was available for feeding cases, where physicians from the local medical society alternated terms of service and a nurse employed by the club did visiting work. It is planned to establish other stations.

The good results of this activity are already apparent, in a greater interest in health matters, better personal and home hygiene, improvement in children by a removal of defects and the popularizing of health work in the Gary schools. City officials, physicians, nurses, educators and the masses of the citizens are realizing that public health is not only a personal duty, but a personal investment.

#### DISCUSSION

DR. JANE KETCHAM, Indianapolis: I wish to endorse what Dr. McCormick has said, for I regard him as one of the most important papers which has come before the Association. I would like to report on the work done in Marion County this summer along the line of infant welfare.

At the time of the first draft it was found that 33 per cent. of the men were thrown out of service because of defects which should have been remedied during infancy. The president accordingly asked the Council of Defense to take up a survey of all children under 6 years of age. Last May the work was begun in Marion County. We had the cooperation of the Medical School, the doctors, the various hospitals, the Public Health Nursing Association, and there were many clubs volunteering assistance. Ninety-seven doctors gave their services, and about fifteen clinics a week were held; in all, 212 clinics. In the country districts the greatest cooperation was seen, and 100 per cent. of the children were examined. In the city the clinics were sometimes very sparsely attended, which was most discouraging, but more times the clinics were overflowing. I remember one clinic in which we had 185 children. It was a most terrible day. We wore out three doctors, more nurses were called for and other helpers, and the only thing that saved us that day was the fact that a thunder storm came up. At one time Dr. Hoskins had a clinic among the foreign people, and they came in large numbers, and with the greatest interest to find out if their children were up to the government standard.

As to the follow-up work, we already have examples of the benefit of this work. Children are being brought into the medical school clinics and to private offices to see if these defects which we pointed out can be remedied.

In addition to that we will have four more clinics in the Children's Aid Association for the care of these children, and we are now making a great effort for a rural nurse. In the city we have the Public Health Nursing Association which will take care of any cases that need attention, but in the rural districts there have been no nurses. We are making a great effort to have the County Council take over this work—not the Council of Defense, for, while we feel this is a war measure, it should be made permanent, and we hope to get it in the hands of authorities who will work in cooperation with the Public Health Nursing Association in taking care of this work.

I feel this work has been of the greatest advantage to the community, and it certainly has been stimulating to do. I want to mention particularly the work of Drs. McCormick, Miller, Kiser, and Hoskins. I also want at this time to thank the medical school for the cooperation of the students. I think on the whole the students enjoyed the work very much. They assisted the doctors in their examinations. I feel this work was the greatest incentive to me in addition to being of benefit to the community.

DR. LOUIS F. ROSS, Richmond, Ind.: I think welfare work is really very important, and I think the publicity we had during the child welfare campaign over the state was very valuable. I do not suppose we accomplished anything like as much as should have been done, but it was a good start. Over in Wayne County we had about one-half the children registered, and we examined something like one-half of those, so we really examined about one-fourth the children under six years of age. It is a little difficult to know exactly how many children were under that age, but we figured it up from the birth and death certificates.

Unfortunately, the propaganda was just a propaganda for examining, and there was no arrangement made for any follow-up work; but it seems to me that it should be undertaken on some uniform plan or these children will receive very little benefit from the examination. When you find children are defective, those who can afford to have the defect looked after will do so, but there are a certain number of families who cannot do that at all. In Richmond the Social Service Bureau appointed a child welfare committee and arrangements were made with the hospital and doctors to give free medical and surgical attention to children from families who could not afford to pay for this service, and in order to eliminate abuse of this privilege these families were investigated by the social workers to find out whether they really were entitled to free care. We

operated in various ways on about thirty-five or forty children. We had a group of volunteer visitors who went to the home of every child who was reported defective in any way in this examination, and asked the family what they were going to do about it—whether they were interested in having the defect corrected, and if not, why not. About 500 visits were made by these volunteer visitors. We then held clinics once a week at the Social Service Bureau office, where the children could be brought for advice.

I do not know whether this is the best way to do it, but it is the only way we could do it over there, and I mention it because it may be of interest to some of you. Where you have a medical school it is simple, but in other cities the follow-up work is very difficult to organize and carry out.

DR. W. A. FANKBONER, Marion: It appeals to me that in this matter of prenatal care and the attention that is given to the infant after birth, we are coming to the foundation of good American Citizenship. It is one of the most important things that can be taken up by the medical profession of the state. To me it is not entirely a question of interesting the physician in the work. There is no question but that in any community enough competent physicians will cooperate in this work to make it a success. It does not depend upon the doctor; it depends upon publicity. It has been my experience during the past few years in connection with various welfare organizations and phases of war work—and that is what this is now—that the foundation for success of such propositions is organization and publicity. Nothing can be done with the public unless you educate them and bring before them the matter in its full importance, and I am sure that there is not a community in the United States but that will come up and do its full share if you can once get before them a vision of the service, a vision of the importance of this matter. I have wonderful confidence in the American community to come up to the full standard of usefulness when once you can get them to see it, and to me the foundation that is needed in this work is organized publicity. If every county will have some one person who will assume personal responsibility, and if that person will go about to organize that county, if he will have in every little community a definite center for that work and somebody to take it up, the county will soon get by.

DR. NETTIE P. POWELL, Marion, Ind.: I think Dr. Ross has sounded the keynote in what should be done in child welfare work. The campaign was very well carried out in Grant County, but the important thing now is the follow-up work. This is the question which

I hope the people in authority will help us work out. Whether it should be carried out in our school districts and the babies brought there, or whether we can make it in larger centers is one of the problems. Our mothers are interested and are willing to do what they are told; but the agencies back of them—the grandmothers and all the talk that is brought to the homes—that is what we have to fight. We expect to carry it out this fall through our schools. We have the backing of the county superintendent, and we are planning for clinics in the different schools of the county in October, and later on, as the weather gets bad, in the small towns, and leaving the larger towns for later work in the winter.

---

UNDOUBTEDLY the Y. M. C. A. huts in France were a source of great convenience and comfort to the soldiers, but there must have been a great deal of mismanagement or there would not be so many complaints from almost every bunch of soldiers that are returning from France. In fact, the complaints are getting so numerous, from such a variety of sources, and from such reliable witnesses that it is going to be a difficult thing for the Y. M. C. A. managers to “apply a coat of whitewash” as now seems to be their plan. Very naturally in a great undertaking, and one that was entirely new, there was bound to be some mismanagement, but we hardly understand why the Y. M. C. A. huts, to which an enormous sum of money was contributed by the people of America, should have attempted to make a profit out of the business done with soldiers, and, as reported in more than one instance, refused to afford food to deserving soldiers unless it was paid for at the prevailing rates. Our understanding of the Y. M. C. A. work was that it was a humanitarian work, done without expectation of pecuniary reward, and that the donations made were to meet the actual expenses and to furnish additional means for the purchase of and distribution of many things adding to the health and comfort of our boys overseas. If the Y. M. C. A. failed to measure up to the standard that was set, and what was reasonably expected of it, an investigation should determine wherein the fault lies, and the responsibility for the mismanagement should fall where it belongs. Let us give the Y. M. C. A. all due credit for the wonderful work that was done, but, on the other hand, let us have no “whitewashing” of anyone connected with the Y. M. C. A. management who has been derelict in duty.



## THE JOURNAL OF THE

### INDIANA STATE MEDICAL ASSOCIATION

Devoted to the Interests of the Medical Profession of Indiana

Office of Publication, 406 West Berry St., Ft. Wayne, Ind.

FEBRUARY 15, 1919

## EDITORIALS

### THE CAUSE OF POSTINFLUENZAL PNEUMONIA

It is now generally agreed among bacteriologists that the Pfeiffer bacillus is not the cause of influenza. The most promising reports are from the French bacteriologists, whose work seem to indicate that the etiology of influenza is an ultramicroscopic organism. Some other bacteriologists report the finding of spirocheta in the blood of influenza patients.

There are a number of diseases closely resembling influenza, the general nature of whose etiology may be determined when that of influenza is determined. These diseases are distemper of horses and dogs, hog cholera, rinderpest of cattle, measles, poli and scarlet fever. Perhaps the essential nature of these organisms is entirely different in their cultural and biologic characteristics from any bacteria we now know. Perhaps their discovery will depend on some genius such as Ehrlich or Pasteur, who is not a bacteriologist. It seems that the influenza organisms multiply very rapidly in the bodies of susceptible individuals.

The symptoms of influenza simulate anaphylactic shock in their sudden explosive character. Some of the other phenomena of anaphylactic shock are present, as a leukopenia and decrease in complement. There is a great deal of health teaching that emphasizes abundant health as the best protection against disease. In severe cases of influenza one feels that the human body sometimes overdoes disease resistance; that is, so many bacteria are killed that the body cells cannot neutralize the toxic proteids liberated from the bodies of the dead bacteria. The time elapsing between the first cases and the epidemic in the Army camps would be sufficient to so sensitize persons exposed to infection that when the massive infection occurred during the epidemic large numbers of husky individuals developed anaphylactic shock which broke down the defensive mechanism in the lungs against the pyogenic bacteria and severe pneumonia developed.

### THE VICTORY SESSION OF THE A. M. A.

Arrangements are being perfected for a very pretentious session of the A. M. A. at Atlantic City, June 9 to 13, 1919. The session is to be under the patronage of the War Department, thus giving it an official character and making it possible for other countries to accept the invitation that has been extended to send delegates to the session. In fact, it is expected that fifty or more representatives of foreign nations other than those belonging to the central powers will be present at the session, and aside from this it is thought that the President, the Secretary of War and the Secretary of the Navy will be present to welcome the foreign guests and add to the general interest by delivering appropriate addresses.

The section work will not be cut down materially, though the program of each section has been limited to twenty-one papers to be presented in three separate meetings. These programs will not constitute all of the scientific work, as a number of the papers before the general meetings will be scientific in character though intended for lay as well as professional audiences. It is intended that a part of the program of each section shall be devoted to war subjects or, in other words, to a résumé of what we have learned as a distinct advance in our knowledge of medicine and surgery as a result of the war. It is hoped that we may, through the papers and discussions by guests sent by foreign nations and by prominent members of our own profession who have seen active service, coordinate the knowledge obtained so that it will be of inestimable value in the future.

Following the Atlantic City session it is expected that the foreign guests will be invited to partake of a sight-seeing tour, and to have the privilege of attending medical and surgical clinics in all of the leading cities of the United States.

Growing out of this coming session of the American Medical Association and having the approbation of the War Department is the desire to make the United States a place for postgraduate work, and it is expected that physicians from all over the world will make pilgrimages to America for medical and surgical training like they once made pilgrimages to Vienna and the various European clinics. During the war we have demonstrated the fact, not previously generally recognized, that we are second to none in ability, and in the theory and practice of surgery we have taken the lead.



Germany was popular as a place for students doing postgraduate work because the clinical facilities of the German cities were fully utilized and made available to students. In the United States we have ample clinical material, a sufficient number of well-trained and experienced instructors, and everything else that makes for recognized centers for postgraduate instruction providing we systematize the resources and arrange them for the benefit of students.

If the plans for the Atlantic City session of the American Medical Association are carried out as intended, and we have a large number of visitors from foreign countries who come here on invitation of our government and as official representatives of their own countries, we ought to have the most important and valuable medical meetings that have ever been held on this continent, and the series of clinics in our larger medical centers following the American Medical Association session should result in making the United States a place eagerly sought by students seeking postgraduate training.

### "THE PROFESSION AND THE VICTORY LOAN"

Every physician possesses a close relation to his patients. What the confessor is in the spiritual affairs of the faithful, the physician tends to be in the physiologic, biologic and therapeutic affairs of those who enlist his professional energies.

It is in this spirit that the heads of the American Medical Association are looking forward—more or less dimly it may be—to a time when the physician will be called in frequently by every family in the land to consult with the people and to advise them against the disease producing agencies and errors of life and living, rather than, as in the past, calling him in to nurse back to life the precarious spark of vitality which has been allowed to die down to a feeble glow or glimmer, through ignorance and want of professional wisdom.

If the physicians of America can be induced to place 1 per cent. of their personal influence in their neighborhoods in behalf of civic health, as they throw all their education and culture in behalf of public hygiene and sanitation, prodigious results may be gained. This follows necessarily as a result of the confidential relations and functions of the professional man.

To be specific: the government is preparing to issue a fifth war issue The Victory Liberty Loan. It will raise a large amount of money for the settlement of the bills arising from the

war. The return of the soldiers and the care of the wounded will take a considerable sum, several billion dollars. The treasury has been borrowing from the banks on short time notes and the refunding of these issues necessitates the free subscription of every loyal American for the Victory Loan bonds next spring.

Let the physicians carry suggestions of "the higher patriotism" as far as it is possible, and the work of financing the restoration of peace will be easily accomplished.

---

### EDITORIAL NOTES

#### DEAR DOCTOR:

THE JOURNAL and the Cooperative Medical Advertising Bureau of Chicago maintain a Service Department to answer inquiries from you about pharmaceuticals, surgical instruments and other manufactured products, such as soaps, clothing, automobiles, etc., which you may need in your home, office, sanitarium or hospital.

We invite and urge you to use this Service.

It is absolutely FREE to you.

The Cooperative Bureau is equipped with catalogues and price lists of manufacturers, and can supply you information by return mail.

Perhaps you want a certain kind of instrument which is not advertised in THE JOURNAL, and do not know where to secure it; or do not know where to obtain some automobile supplies you need. This Service Bureau will give you the information.

Whenever possible, the goods will be advertised in our pages; but if they are not, we urge you to ask THE JOURNAL about them, or write direct to the Cooperative Medical Advertising Bureau, 535 N. Dearborn St., Chicago, Illinois.

We want THE JOURNAL to serve YOU.

---

NOT a few Indiana doctors who are returning from military service are for one cause or another changing locations. Some are writing to THE JOURNAL asking for assistance in securing locations, and we are trying to be of assistance whenever possible. Those who know of openings for doctors may confer a favor on some deserving doctor by furnishing information to THE JOURNAL.

---

DR. JOHN SMITH may, by the casual observer, be mistakenly credited with a degree in divinity, philosophy or dentistry. Again, Dr. John Smith may be classified by the casual observer as an osteopath, chiropractor or chiropodist. John Smith, M.D., however, is instantly and properly recognized as bearing the degree of Doctor of Medicine. This may seem at first glance a small subject for discussion, but in larger communities, especially, it is worthy of consideration, and the members of this society are respectfully urged to unite in adopting for universal use the specific degree letters, *M.D.*, rather than the obscure and much overworked prefix *Dr.* or *Doctor*. In Pennsylvania the degree, *M.D.*, represents several years of college and hospital work; on the other hand, the prefix, *Dr.*, adorns the stationery or sign of many an individual who took but a few

weeks' course in some school of drugless therapy.—*The Pennsylvania Medical Journal*. And this applies as well to Indiana and Indiana physicians.

At the present session of the Indiana legislature the chiropractors will make a strenuous effort to secure legislation that will permit them to be licensed to practice in Indiana without meeting any of the requirements of the present medical law. What they will aim to secure is a special chiropractic board, which, in effect, means that our present medical standards are to be lowered if the chiropractors succeed in accomplishing their purpose. However, as we have pointed out in previous numbers of THE JOURNAL, the legislators should guard against the enactment of class legislation, or the bestowal of favors on any class of people that are not bestowed on others as well. There is no need of having more than one medical law, and it would be inimical to the best interests of the public to have more than one standard of requirements for the practice of the healing art. Whatever the standard, it should apply to everyone without fear or favor. The present standard is fair and impartial in all of its phases. There is no reason why it should be changed, and there is no reason why chiropractors or any class of people who desire to practice the healing art in the state of Indiana should not comply with the requirements of the present law. This fact should be definitely pointed out to our legislators.

## DEATHS

MAGDALINE QUIKEL, wife of Dr. Daniel S. Quikel of Anderson, died January 14, aged 27 years.

MARTIN VAUGHN, M.D., of Hammond, died January 9, at the Augusta Hospital, Chicago, aged 79 years.

SOLOMON W. BIDDINGER, M.D., of Hartsville, pioneer physician of Bartholomew County, died January 29 at the age of 86 years.

CHARLES H. BOSTON, M.D., of Bradford, died January 3, from influenza, aged 54 years. Dr. Boston graduated from the Physio-Medical College of Indiana in 1887.

ELMER R. CRAVENS, M. D., died January 5, at his home in Linton, following a third stroke of paralysis. Dr. Cravens graduated from the Kentucky School of Medicine, Louisville, in 1888.

DANIEL P. KENNEDY, M.D., of Martinsville, died January 16, aged 74 years. Dr. Kennedy graduated in medicine from the Cincinnati Eclectic Medical College in 1870. At the time of his death he was serving as secretary of the Martinsville board of health.

JAMES O. WARD, M.D., of Peru, died January 23, at Winterhaven, Fla., aged 74 years. Dr. Ward graduated in medicine from the Miami Medical College, Cincinnati, in 1867, and served in the Civil War. He was a member of the Miami County Medical Society and the Indiana State Medical Association.

BERTRAM LANDES, M.D., physician at the Longcliff Asylum, Logansport, died January 13, from influenza, aged 32 years. Dr. Landes was born in Deer Creek in 1886, graduated from Indiana University School of Medicine in 1911, and soon after graduation was appointed to the position at Longcliff where he remained until his death. He was a member of the Cass County Medical Society and the Indiana State Medical Association.

W. RICE HOLTZMAN, M.D., of Stinesville, died January 19, aged 50 years. Dr. Holtzman was born in Bloomington, Ind., in 1867; graduated from the Louisville Medical College in 1893, and had practiced medicine a number of years at Stinesville. In addition to his active practice in medicine he was serving his second term as postmaster of Stinesville. He was a member of the Monroe County Medical Society, the Indiana State Medical Association and the American Medical Association.

EDGAR COX, M.D., of Kokomo, was drowned January 21, while fishing, at Winterhaven, Fla., aged 49 years. Dr. Cox was born at New Bedford, Ohio, in 1869; graduated from the Medical College of Ohio, Cincinnati, in 1890, and studied medicine also at the University of Berlin, University of Heidelberg, and also in Vienna and Paris. He located in Kokomo nearly twenty-eight years ago. He was a member of the Howard County Medical Society, the Indiana State Medical Association, the American Medical Association, and was Fellow of the American College of Surgeons.

FRED A. HENDERSON, M.D., of Kokomo, died January 13, at Fort Bayard, N. M. Dr. Henderson was born in Anderson in 1886, graduated in medicine from the Jefferson Medical College, Philadelphia, in 1912, and served two terms of internship at the Kings Medical Col-



lege Hospital. In June, 1917, he enlisted in the Medical Reserve Corps, first being stationed at Fort Benjamin Harrison, later sent to the Rockefeller Institute for special training, after the completion of which he was placed on duty at Camp Taylor, Louisville, Ky. About three months ago the strenuous military duty caused a serious breakdown in his health and he was sent to Fort Bayard, N. M., for treatment, where his health gradually grew worse until death released him. He was a member of the Howard County Medical Society and the Indiana State Medical Association.

---

### NEWS NOTES AND PERSONALS

---

Anything in the line of physicians' supplies or equipment may be obtained from advertisers in *The Journal of the Indiana State Medical Association*. Patronize these advertisers for it means a continuance of their advertising patronage, and the latter means a larger and better Journal for you.

---

#### GENERAL

DR. O. P. KEMP of Kokomo has been appointed county physician for Howard County.

DR. G. C. MARKLE of Winchester fell, Christmas morning, breaking his arm just above the wrist.

DR. C. F. HOPE of Coatesville has received his discharge from the service and will resume his practice.

DR. F. M. REYNOLDS has been elected mayor of Montpelier, Ind., to fill the unexpired term of the late D. A. Bryson.

DR. J. D. PRICE has resigned as physician at the Soldiers' Home at Lafayette and located at Rossville for practice.

DR. W. J. NORTON of Columbus has been appointed township physician for Columbus township, Bartholomew County.

DR. CHARLES E. SAVERY has received honorable discharge from military duty and returned to South Bend for the practice of medicine.

DR. FRANK B. WYNN of Indianapolis was elected president of the Indiana Nature Study Club at their annual meeting early in January.

MISS GLADYS LYON, former head nurse at the Epworth Hospital, South Bend, died in France, December 10, from spinal meningitis.

DR. M. H. YOUNG has closed his office and gone to Los Angeles, Calif., for an indefinite stay in the interest of the health of Mrs. Young.

DR. JOSEPH H. WARD (colored) of Indianapolis, surgeon with Base Hospital No. 49 in France, has been promoted to the rank of major.

DR. LYMAN K. GOULD of Fort Wayne has been appointed consulting surgeon of the Wabash Railroad to succeed the late Dr. E. J. McOscar.

DR. A. H. SHAFFER of Huntington celebrated his nintieth birthday anniversary on January 15, members of the local medical profession being his guests.

FIRST LIEUT. JOHN L. GLENDENING, M. C., of Indianapolis left February 4 for Siberia under orders to join the American forces in the Far East.

DR. AND MRS. SAMUEL J. COPELAND of Indianapolis have returned from a month's stay in New Orleans, La.; Jackson, Miss., and other southern points.

THE complete medical library of the late Dr. Ludson Worsham of Evansville has been given to Boehne Camp (tuberculosis hospital) at Evansville as a memorial.

HORACE FLETCHER, widely known by his lectures, addresses and published communications on prolonged mastication — "Fletcherism" — died January 13 in Copenhagen.

LIEUT. R. S. GALBRAITH has returned to Huntington from Camp Kearney, Calif., and resumed practice. He has been given honorable discharge from military duty.

LIEUT.-COL. T. VICTOR KEENE of Indianapolis, who has been serving in the Medical Corps in France, has returned to the States and expects to arrive in Indianapolis soon.

It is reported that word from Major A. P. Roope of Columbus, who has been head of surgery in Base Hospital No. 78 in France, states that he has sailed for the United States.

THE Hetty Vohis home for aged women at Winchester has been donated to Randolph County for a hospital. The home had not been occupied with the exception of one or two inmates.



MAJOR FLETCHER GARDNER of Bloomington, who has been in military service in France, arrived in the United States early in January, and expects to resume private practice at an early date.

---

DR. G. L. SHOEMAKER has been appointed secretary of the North Manchester Board of Health to succeed Dr. Z. M. Beaman, who tendered his resignation to take effect Jan. 30, 1919.

---

LIEUT. O. A. DELONG, who for the past few months has been in military service, has been honorably discharged and returned to his home in Azalia, where he will continue the practice of medicine.

---

DR. C. K. EDWARDS and wife of Terre Haute left the middle of January for New Orleans, La., where Dr. Edwards will take some special work in diseases of children at Tulane University.

---

THE Noble prize in physics for 1917 has been awarded to Prof. C. G. Barkla, professor of natural philosophy in the University of Edinburgh, for his work on roentgen rays and secondary rays.

---

LIEUT. ERSKINE SUMMERS, formerly of Craigville, recently honorably discharged from military duty, has purchased the practice of the late Dr. M. W. McClain at Vera Cruz and located there.

---

MAJOR-GEN. WILLIAM C. GORGAS, M. C., formerly Surgeon-General of the United States Army, has been named by the French government, among others, as a commander of the Legion of Honor.

---

THE municipal authorities of St. Louis have established a city hospital for negroes. The staff of the hospital will be composed of negro physicians. Dr. Roscoe C. Haskell has been appointed superintendent.

---

DR. SIMON FLEXNER of the Rockefeller Institute for Medical Research was elected president of the American Association for the Advancement of Science at the annual meeting held in Baltimore on December 27.

---

DR. G. R. CLAYTON, JR., who has been engaged in the practice of medicine at Fowler for a number of years, has just completed a post-graduate course in diseases of the eye, ear, nose and throat and located at Peoria, Ill.

CAPT. CLAUDE H. WHITE, formerly of Monrovia, has received honorable discharge from military duty with Field Hospital of the Eighth-Fourth Division at Camp Taylor, and located at Mooresville for the practice of his profession.

---

DR. C. NORMAN HOWARD of Warsaw, who has been stationed at the Walter Reed Hospital in Washington, D. C., for about a year as captain in the United States Medical Corps, has received honorable discharge and returned home.

---

DR. L. C. SAMMONS of Shelbyville, now in military service, has been transferred from New York to Fort Sam Houston, San Antonio, Texas. Dr. Sammons has been appointed instructor in psychotherapy and will be sent from post to post.

---

WORD has been received from Dr. Charles B. Gutelius of Indianapolis, who is with the American Expeditionary Forces in France, stating that he has been promoted to the rank of major. He has been stationed at C. Base Hospital No. 136, A. P. O. No. 935.

---

CAPT. EDWIN J. LENT has received his honorable discharge from military duty, and has returned to South Bend and resumed his practice in the Clinic. Captain Lent has been stationed at the Walter Reed Hospital, Washington, D. C., throughout the time of his military service.

---

THE Surgeon-General of the Army has directed that soldier patients suffering from respiratory diseases, including gas cases with persistent bronchial symptoms, are to be transferred to Southern hospitals. This is done in the belief that the warmer climate will hasten their recovery.

---

LIEUT. B. J. LARKIN of Indianapolis has received his discharge and returned home after being in the service for fifteen months. He was stationed at Newport News, Va., for some time, but, when discharged, he was connected with the Attending Surgeon's Office in the Army Dispensary at Washington, D. C.

---

ACCORDING to an authoritative statement issued by the chief entomologist of Rhodesia, the louse is said to have accounted for the death of at least 1,000,000 persons. In Serbia alone typhus fever, a louse borne disease, infected nearly 1,000,000 persons and killed 500 a day in the town of Jassy. The disease spread over Russia, Austria, Germany and the Balkans generally.

At their meeting held on January 14 the Bartholomew County Medical Society elected the following officers for the year 1919: President, Dr. O. A. DeLong; vice president, Dr. A. M. Kirkpatrick; secretary-treasurer, Dr. H. H. Kamman.

THE Laporte County Medical Society has elected the following officers for 1919: President, Dr. F. T. Wilcox of LaPorte; vice president, Dr. J. B. Rogers of Michigan City; secretary, Dr. Grace Homan of LaPorte, and treasurer, Dr. E. G. Blinks of Michigan City.

DR. E. H. MARSHALL of Winimac is removing to Clinton, Ill., where he will be associated with his brother in conducting a hospital. Dr. C. S. Campbell, formerly of Xenia, Ill., and but recently discharged from military duty, has taken over Dr. Marshall's practice at Winimac.

THE Hendricks County Medical Society held its regular monthly meeting on January 24 and elected the following officers for the year 1919: President, Dr. Ernest Cooper, Plainfield; vice president, Dr. L. W. Armstrong, Danville; secretary-treasurer, Dr. W. T. Lawson, Danville.

DR. W. F. KING, secretary of the State Board of Health, addressed the meeting on the work of the state board in connection with venereal diseases and Dr. E. Ray Royer gave a short talk concerning his work. The society went on record as favoring the adoption of the bill providing for an all-time health officer.

CAPT. ERIC A. CRULL of Fort Wayne, now with the special medical examining boards at Camp Devens, Mass., attended the annual conference of the Indiana Tuberculosis Association held January 30 and 31 at the Claypool Hotel, Indianapolis, and spoke on the subject "Government Activities Against Tuberculosis."

THE State Board of Medical Examination and Registration held its annual reorganization meeting on January 14 and elected the following officers: President, Dr. A. B. Caine of Marion; vice president, Dr. W. A. Spurgeon of Muncie; treasurer, Dr. M. S. Canfield of Frankford, and secretary, Dr. William T. Gott of Crawfordsville.

THE Huntington County Medical Society has elected the following officers for the ensuing year: President, Dr. F. W. Grayston, Huntington; vice president, Dr. G. G. Wimmer, Mt. Etna; secretary, Dr. F. B. Morgan, Huntington; censors, Dr. R. A. Hoover, Bippus; Dr. R. F. Frost and Dr. A. H. Northrup, Markle.

WORD has been received by Dr. and Mrs. Thomas B. Noble of Indianapolis of the marriage of their son, Dr. Thomas B. Noble, Jr., to Miss Mary Donaldson of Edinburgh, Scotland, on January 1. Lieutenant Noble is with Base Hospital No. 12 in France, and Mrs. Noble was connected with the hospital as a British aid volunteer.

At a recent meeting of the Vanderburg County Medical Society the following officers were elected for 1919: President, Dr. D. S. Goble; vice president, Dr. Randolph Hurst; secretary-treasurer (reelected), Dr. B. D. Ravdin; censor, Dr. Charles Harpole, and delegate and alternate to the State Association, Drs. G. W. Varner and Carl Conover.

THE members of the Wabash County Medical Society enjoyed a splendid banquet at the Tremont Hotel, Wabash, on January 9, at which time officers for the coming year were elected as follows: President, Dr. Ira Perry of North Manchester; vice president, Dr. Emma Holloway, North Manchester, and secretary-treasurer, Dr. L. O. Sholty of Wabash.

THE Noble County Medical Society held its annual meeting at Albion on January 14, electing the following officers for the ensuing year: President, Dr. C. B. Goodwin, Kendallville; secretary-treasurer, Dr. J. W. Morr, Albion; censors, Drs. W. F. Carver of Albion and J. E. Luckey of Wolf Lake; delegate to State Association, Dr. J. W. Hays, Albion; alternate, Dr. C. A. Gardner of Kendallville.

At a recent meeting of the Wells County Medical Society the following officers for the ensuing year were elected: President, Dr. J. L. Redding; first vice president, Dr. C. H. Mead; second vice president, Dr. Erskine Summers; secretary-treasurer, Dr. I. N. Hatfield; censor, Dr. C. L. Blue. Dr. S. A. Shoemaker, who is serving as president until the return of Dr. Redding from military service, was elected delegate to the annual meeting of the Indiana State Medical Association.

DR. W. D. CALVIN of Fort Wayne has received an honorable discharge from military duty and returned to civilian practice. While in military service Dr. Calvin was connected with the G. U. and Dermatological Departments, and a little later expects to accept a position in the Department of Dermatology at Rush Medical College.



OFFICIAL figures give the total number of dead in the great war as 5,936,504. The individual national losses in dead thus far announced are: Russians, 1,700,000; German, 1,600,000; French, 1,071,000; Austrian, 800,000; British, 706,726; American, 58,478. The total German casualties are given as 6,330,000 and the Austrian total has been placed at 4,000,000. Serbia lost 320,000 men in killed, wounded and prisoners.

AN effort to curb the steady increase in the number of defectives thrown on the state for maintenance by legislation restricting the marriage of all who cannot prove that they are not feeble-minded, epileptic, or suffering from a transmissible disease was defeated January 28 when Judiciary B committee of the house voted to postpone indefinitely the bill introduced by Dr. James A. Craig of Greenwood, representative from Johnson County.

ACCORDING to figures given out by the statistician of the Indiana State Health Department, influenza and pneumonia caused 6,011 deaths during the three months ending Dec. 1, 1918. In September there were only 191 deaths from these causes, but in October there were 3,921, and in November 2,529. During the period named there were 2,773 deaths of married persons from the epidemic, and allowing an average of two children for each married person this would indicate that the disease made 5,546 orphans.

DURING January the following articles have been accepted by the Council on Pharmacy and Chemistry for inclusion with New and Non-Official Remedies:

Dermatological Research Laboratories: Neoarsenobenzol.

Guiseppe W. Guidi: Ittiolo.

Merck and Co.: Digitan: Digitan Tablets, 1½ grains; Quinine Ethyl Carbonate-Merck.

Monsanto Chemical Works: Chloramine-T, Monsanto.

THE next Annual Congress on Medical Education and Licensure, participated in by the Council on Medical Education of the American Medical Association, the Federation of State Medical Boards of the United States, and the Association of American Medical Colleges, will be held at the La Salle Hotel, Chicago, Monday and Tuesday, March 3 and 4, 1919. General topics for discussion include "Problems of Medical Education as Revealed by the War" and "Hospital Standardization and the Hospital Intern Year."

PLANS were made on January 31 to bring before all the local medical organizations the details of the organized fight Indiana is making against venereal diseases. The thirteen medical districts of the state were represented at a meeting in Indianapolis on the above date. Each of these representatives will go before the medical societies in their districts within the next few weeks and outline the plan of campaign. Army statistics show that Indiana has a greater proportion of venereal diseases than any other northern state.

ANNUAL MEETING.—The annual meeting of the Indiana Society for the Prevention of Tuberculosis was held at the Claypool Hotel, Indianapolis, on January 30 and 31. This was the largest meeting in numbers and importance ever held by the society, due to the fact of the alarming prevalence of tuberculosis at this time, as revealed by the selective service system, and the consequent increased interest of the government, as well as the American Red Cross, in the effort to control the disease and to educate the public in regard thereto. Prominent specialists from some of the government hospitals were on the program, as well as a representative from the United States Public Health Service.

TUBERCULOSIS agencies will seek to secure, through the present session of the general assembly, legislation looking toward the prevention of the spread of tuberculosis in Indiana. The increase of this disease is a matter that cannot be ignored, and those who are making a study of the subject are prepared to wage a strenuous fight against it. It is not expected that there will be any opposition encountered in the legislature, since it has become so well known all over the country that there must be active steps taken immediately to prevent the spread of this disease. Every legislature in the United States will have bills introduced this winter looking toward this end. Many states already have a tuberculosis commission. Indiana should have one.

THE following officers for the year 1919 have been elected by the DeKalb County Medical Society: President, Dr. W. F. Shumaker; vice president, Dr. C. S. Stewart; secretary-treasurer, Dr. A. A. Kramer.

Randolph County Medical Society: President, Dr. G. Reynard, Union City; vice president, Dr. O. E. Current, Farmland; secretary-treasurer, Dr. F. A. Chenoweth, Winchester.



Clinton County Medical Society: President, Dr. M. F. Boulden; secretary-treasurer, Dr. J. W. Hadley.

St. Joseph County Medical Society: President, Dr. H. L. Cooper; vice president, Dr. W. H. Hillman; secretary-treasurer, Dr. R. B. Dugdale; assistant secretary-treasurer, Dr. H. W. Helman.

Porter County Medical Society: President, Dr. C. H. DeWitt; vice-president, Dr. G. R. Douglas; secretary, Dr. G. H. Stoner.

Washington County Medical Society: President, Dr. W. L. Green, Pekin; secretary, Dr. Claude B. Paynter, Salem.

ACCORDING to a report recently completed by Amos Butler, secretary of the board of state charities, only 21 per cent. of the total number of epileptics in the state who now need institutional care are receiving it. It is estimated that there are 3,843 epileptics in the entire state and that 1,296 of these need institutional care. There are now 348 cared for in the Epileptic Village at Newcastle—just 21 per cent.—all men. So far the village has been able to receive only men, but the legislature has appropriated funds for cottages for women and as soon as these are constructed, women will be accepted. The report further states that some of the counties have as many, or more, epileptics in their poor asylums as at the state institution at Newcastle.

UNDER a new law enacted May 13, 1918, a Department of Narcotic Drug Control was created in the state of New York which, on Feb. 1, 1919, superseded the Bureau of Habit Forming Drugs under the State Board of Health. Under the new law every physician, druggist, dentist, veterinarian, hospital, sanatorium or other institution, wholesaler or manufacturer prescribing, administering, dispensing, selling or manufacturing cocain, opium or its derivatives, or preparations thereof, must, during the month of January, 1919, file an application for and receive from the Department of Narcotic Control a certificate of authority to deal in habit-forming drugs. This registration is for the remainder of the state fiscal year and requires no fee. Also, under this law the physician is required to use official prescription blanks in triplicate when prescribing narcotic drugs for addicts. In prescribing for other than addicts official prescription blanks are not to be used, but where more than certain stated quantities of these drugs are prescribed the prescriber is required to state on the blank that the prescription is not for an addict.

LIEUT.-COL. SIMON J. YOUNG of Valparaiso, who has been in command of the base hospital at Camp Gordon, Ga., since April 2, 1918, was discharged from service January 21. Dr. Young who was a captain in the Medical Reserve Corps, was called to active duty July 18, 1917. His first station was at Fort Benjamin Harrison, Ind. In November he was transferred to the base hospital at Camp Gordon where he served continuously until his discharge. He was promoted to the rank of major in December, 1917, and in May, 1918, he was commissioned lieutenant-colonel. Dr. Young has been located in Valparaiso since 1902, and for two years before the war he had been the chairman of a group of physicians who had associated themselves together in that city in a partnership. The association has been a pronounced success, but like many another organization it was disrupted by the advent of the war. On his return to civilian practice Dr. Young has decided to locate in Gary, Ind., where he will specialize in surgery. His new address is 522 Broadway.

## SOCIETY PROCEEDINGS

### THE COUNCIL

A joint meeting of the council, the committee on administration and the committee on public policy and legislation was held in the executive secretary's office on Friday, January 17. Dr. G. W. H. Kemper presided during that part of the meeting devoted to business of the council and Dr. W. H. Stemm, president of the association, presided during the remainder of the meeting. Nothing other than the financial report of the association was considered by the council.

The question of paying the dues of soldier members still in service was discussed and, on motion of Dr. E. M. Shanklin, seconded by Dr. A. E. Bulson, Jr., it was decided that the state association should remit the dues of soldier members in service on Jan. 1, 1919, in accordance with the resolution adopted by the house of delegates in September, 1918. Dr. Bulson then moved that the state association refund the dues of soldier members which previously had been paid into the state treasury by a number of county societies. This was carried. The action of the administration committee in increasing the salaries of the executive secretary and clerk was ratified.

Dr. Wishard made a report on the legislative situation and Dr. B. D. Myers of Bloomington read the report requested in a resolution passed by the house of representatives at the 1917 session authorizing Indiana University to investigate the merits of any new cult. In the report the schools of chiropractic were bitterly arraigned for their get-rich-quick methods of conducting their so-called schools.

### THE INDIANAPOLIS MEDICAL SOCIETY

The meeting of Jan. 7, 1919, at City Hospital, was called to order by the president, Dr. Norman E. Jobes. The minutes of the previous meeting were not read. The following men were elected to membership in this society: Drs. John W. Canaday, D. Nichols, Guy W. Rubush, John M. Stalker, O. L. Stevens and Albert A. Ogle.

The reports of the secretary-treasurer were read and approved. The election of officers resulted in the following: President, Charles F. Neu; first vice president, E. M. Amos; second vice president, J. Egbert; secretary-treasurer, A. L. Marshall; council, John Eberwein, Carl Ruddell; delegates, J. H. Wheeler, Ralph Chappell, William Wright; alternates, Drs. Gabe, Sputh and Morgan.

Dr. Stilson introduced a motion to instruct the secretary to withhold from the state society moneys due them to the amount of \$244, which amount was paid to the state society by the Indianapolis Society for the dues for those absent in the service. Dr. Kitchen amended the motion to instruct the council to make this collection and report back to the society in ninety days. The amended motion was seconded and carried.

Dr. Stilson also introduced a motion instructing the secretary to make such changes in the constitution and by-laws as would provide a longer tenure of office for the state delegates. This motion was seconded and carried.

Following the meeting a lunch was served by the hospital authorities in charge of Dr. Herman Morgan.

Dr. Thomas Eastman introduced a motion which was seconded and carried instructing the council to secure a new place of meeting.

Attendance forty-two. Society adjourned.

A. L. MARSHALL,

Secretary-Treasurer.

### DUBOIS COUNTY

Dubois County Medical Society held its first 1919 meeting at Huntingburg on Tuesday, January 21, with a full attendance. The members were glad to greet Captain Sturm of Jasper and Lieutenants Steinkamp and Stork of Huntingburg, who have returned from military service and resumed private practice.

Captain Sturm of Jasper was elected president; Dr. O. A. Bigham of St. Anthony, vice president, and Dr. W. F. Rust of Holland, secretary-treasurer, for the year 1919.

A discussion of Spanish influenza took up the afternoon, each member present taking part. The symptomatology and varied treatment used by each member was given. The present epidemic is the worst epidemic that Dubois County has experienced in the history of the county, some sections having a mild form while other sections were hit very hard, especially in death rate and complications.

The subject of government health control was discussed, its limits and failures. The chiropractic bills pending before the legislature were reviewed, and the fact discussed that the chiropractor is becoming a detriment to the profession and a "money fleecer" to the ignorant public.

The meeting was a very enthusiastic one, and at the close a resolution was passed that the 1919 meetings be made more interesting, practical and instructive than previously. The next meeting is to be held at Jasper on February 18.

Adjourned

W. F. RUST, Secretary.

## THE TRUTH ABOUT MEDICINES

### NEW AND NONOFFICIAL REMEDIES

Since publication of New and Nonofficial Remedies, 1918, and in addition to those previously reported, the following articles have been accepted by the Council on Pharmacy and Chemistry of the American Medical Association for inclusion with "New and Nonofficial Remedies":

**CHLORAMINE-T, MONSANTO.**—A brand of chloramine-T which complies with the New and Nonofficial Remedies standards. The properties, actions, uses and dosage are described in New and Nonofficial Remedies, 1918, p. 156. Monsanto Chemical Works, St. Louis, Mo.

**CHLORINATED EUCALYPTOL, SQUIBB.**—Eucalyptol chlorinated at room temperature. It is used as a solvent for dichloramine-T in the treatment of infected wounds, etc. The solution should preferably be made as required. E. R. Squibb & Sons, New York.

**ARSAMINOL.**—A brand of arsphenamine which complies with the New and Nonofficial Remedies standards. Arsaminol is supplied in sealed tubes containing, respectively, 0.1 Gm., 0.2 Gm., 0.3 Gm., 0.4 Gm., 0.5 Gm., and 0.6 Gm. Takamine Laboratory, Inc., New York (*Jour. A. M. A.*, Jan. 18, 1919, p. 193).

**DIGITAN.**—A digitalis preparation said to contain digitoxin and digitalin in the form of tannates. It is standardized biologically. Digitan was first introduced as digipuratum and is made under the digipuratum patent by license of the U. S. Federal Trade Commission. The actions, uses and dosage of digitan is the same as those of digitalis. It is sold in the form of a powder and as digitan tablets 1½ grains. Merck and Co., New York.

**NEOARSENOBENZOL (DERMATOLOGICAL RESEARCH LABORATORIES).**—A brand of neoarsphenamine complying with the New and Nonofficial Remedies standards. It is marketed in tubes containing, respectively, 0.1 Gm., 0.3 Gm., 0.45 Gm., 0.6 Gm., 0.75 Gm., and 0.9 Gm. Dermatological Research Laboratories, Philadelphia Polyclinic, Philadelphia (*Jour. A. M. A.*, Jan. 25, 1919, p. 275).

### PROPAGANDA FOR REFORM

**MISBRANDED NOSTRUMS.**—The following "patent medicines" have been the subject of prosecution under the Federal Food and Drugs Act: Paine's Celery Compound; Botanic Blood Balm; Owens' Wonderful Sore Wash; Lafayette Cough Syrup; Gilbert's Gravel Root Compound; Strange's Rheumatic Remedy; Baur's Diamond Brand Bromides; S. B. Cough and Consumption Remedy; Gowan's Preparation; Urol; Boxenbaum Discovery; Tablets Creavita; Old Lady Fulten's Comforting Pills; C. C. C. (Cornwall Elastic Capsules); Victor Injection, No. 19 Compound and No. 6 Compound; Hemogenas Pills; Restorative Tablets-Fountain of Health; Denn's Strong, Sure, Safe and Speedy Stomach, Liver, Kidney, and Rheumatism Remedy; Dr. Navaun's Mexican Lung Balm; Dr. Navaun's Kidney Tablets; Dr. Chas. DeGrath's Electric Oil; Bovinine; Fritch's Vegetable Liniment; Perkin's National Herbs Blood Purifier, Kidney and Liver Regulator; Dr. Lemke's Golden Electric Liniment; Dr. Lemke's St. Johannis Drops; Mentholatum; Enteronol; Dr. Harter's Lung Balm; Dr. O. Phelps Brown's Herbal Ointment; Taylor's Horehound Balsam; Breeden's Rheumatic Cure; Sulphur Bitters; Dr. DeWitt's Eclectic Cure; Dr. DeWitt's Liver, Blood and Kidney Remedy; Payne's Syllax; Dr. Bell's Pine Tar Honey, and Lung Germine (*Jour. A. M. A.*, Jan. 4, 1919, p. 59).

**"ASPIRIN" A COMMON NAME.**—The claim of the Bayer Company to the exclusive right of applying the name "aspirin" to acetylsalicylic acid will be defi-



**Elixir of Enzymes**

is a palatable aid to digestion; an agreeable vehicle for iodids, bromids, salicylates, etc., and supplies the curdling ferment for making junket.

**Pituitary Liquid (Armour)**

(*Liq. Hypophysis*)

is physiologically standardized and is entirely free from chemical preservatives.  $\frac{1}{2}$ cc and 1cc ampoules, 6 in box.

**Extract of Red Bone Marrow**

is a great reconstructive and will be found of value to patients convalescing from Influenza and other troubles.

**Armour's Surgical Catgut Ligatures**

are the finest thing of the kind on the market; they are strong, smooth and sterile. Plain and 10, 20, 30 and 40 day Chromic, sizes Nos. 000 to 4, inclusive. At present, 60 inch lengths only.

**ARMOUR AND COMPANY**  
CHICAGO

nately set aside if the recommendation of the examiner of interferences of the United States patent office is upheld. The stand taken by the patent office is in line with the established principle that no one can have a monopoly in the name of anything. Since "aspirin" has become the common name for acetylsalicylic acid, no one firm can have an exclusive right to it (*Jour. A. M. A.*, Jan. 11, 1919, p. 119).

THE QUALITY OF THE MARKET SUPPLY OF PROCAINE.—The local anesthetic procaine (first introduced as novocaine by the Farbwerke vorm. Meister, Lucius and Bruening, Hoechst a. M. Germany) is now manufactured by the Abbott Laboratories, the H. A. Metz Laboratories and the Rector Chemical Company. The products of these three firms were accepted for New and Nonofficial Remedies after the A. M. A. Chemical Laboratory had reported specimens chemically satisfactory and the Cornell Pharmacologic Laboratory had determined that they were not unduly toxic. In accordance with its announcement to report from time to time on the quality of American made synthetics, the Council on Pharmacy and Chemistry now publishes a report on the quality of the procaine now supplied to physicians. The examination demonstrates that the three brands were of a satisfactory quality. Some of the specimens of procaine-Abbott and procaine-Rector had a yellow or light brown tinge (a specimen of procaine-Metz "novocaine" recently sent the Council also had a slight yellow tinge), but so far as the evidence goes there is nothing to indicate that the discolored specimens are seriously impure. The Council considers the use of the discolored product justified in the present emergency, but urges that for the future a colorless preparation be supplied (*Jour. A. M. A.*, Jan. 11, 1919, p. 136).

**—other things being equal**

the more porous the hypodermic tablet, the more soluble it is. But those "other things"—they are equally essential

For instance, the selection of the most soluble, least irritating form of the drug; the delicate adjustment of the diluent to suit each drug or combination

And then there's the "know how"—that imponderable thing that makes you the successful surgeon, the chosen consultant, the favorite family physician

"S&D specifiers" all declare that we have that "know how" and that that's why we are "the hypodermic tablet people"

**Sharp & Dohme**

Since 1860 Careful Conscientious Chemists



**PLURIGLANDULAR MIXTURES.**—The Council on Pharmacy and Chemistry reports that the following preparations put out by Henry R. Harrower have been found ineligible for New and Nonofficial Remedies: Caps. Adreno-Spermin Comp.; Caps. Antero-Pituitary Comp.; Caps. Placento-Mammary Comp.; Caps. Thyro-Ovarian Comp.; Caps. Hepato-Splenic Comp.; Caps. Pancreas Comp., and Caps. Thyroid Comp. Each of the mixtures contained one ingredient or more which is neither recognized in the U. S. Pharmacopoeia nor admitted to New and Nonofficial Remedies. For obvious reasons the Council does not accept a mixture containing an indefinite ingredient; hence, it would be necessary as a preliminary for the consideration of any one of the mixtures that their unofficial ingredients be made eligible for New and Nonofficial Remedies, by the submission of evidence that such ingredient is of uniform composition and that it is therapeutically valuable when given by mouth. The mixtures were also ineligible because in the light of our knowledge the administration of gland mixtures in the host of conditions enumerated in the advertising circular of Harrower is irrational and on a par with the use of shotgun mixtures once in vogue (*Jour. A. M. A.*, Jan. 18, 1919, p. 213).

**UNSUCCESSFUL ATTEMPTS TO TRANSMIT INFLUENZA EXPERIMENTALLY.**—Two extensive attempts have been made under the auspices of the U. S. Public Health Service and the U. S. Navy to transmit influenza experimentally. Inoculations were made of pure cultures of influenza bacillus, of secretions of the upper air passages in the early stages of influenza, and of blood from typical cases of influenza, and other methods of transmitting the disease were tried. In no case was influenza developed (*Jour. A. M. A.*, Jan. 25, 1919, p. 281).

**EVIDENCE.**—The Cutter Laboratory advertises that a physician has used between 700 and 800 doses of its Mixed Vaccine-Respiratory Infections as a prophylactic without a single failure to "protect" against disease. The Cutter Laboratory thinks this is evidence which is convincing enough to satisfy even the most conservative. . . . "If a physician were to report that 643 of his patients who had used salt instead of sugar in their coffee had remained free from influenza, would this be evidence of the prophylactic value of sodium chlorid? The science of therapeutics is complex enough at its best; and with commercialism dominating the production of therapeutic agents, the likelihood of ever arriving at anything approximating a true science of therapeutics seems hopeless (*Jour. A. M. A.*, Jan. 4, 1919, p. 45).

**COCA-COLA.**—Analyses made by federal chemists showed it to contain from 0.92 to 1.30 grains of caffeine to the fluid ounce. It would seem that in the interest of the public health the indiscriminate sale to children and adults of an alkaloid like caffeine in the enticing form of a "soft drink" is to be deprecated (*Jour. A. M. A.*, Jan. 25, 1919, p. 299).

**SOME "PATENT MEDICINES" INVESTIGATED BY THE GOVERNMENT.**—The following are the names of proprietary medicines which have been the subject of prosecution under the Federal Food and Drugs Act in the government's attempt to protect the public against fraudulent or misleadingly advertised products: Royal Baby's Safety; Simpson's Cerebro-Spinal Nerve Compound; Constitution Water; Tweed's Liniment; Pulmonol; Crown Skin Salve and Pile Cure; King of the World and Family Liniment; Ka-Ton-Ka; Greenhalgh Diphtheria Remedy; Mountain Rose Tonic Tablets and Herbaline; Parmit; Sulphurro; "Liveon, the 90 Day Consumption Cure"; "Liveon Lung Discs"; White Beaver's Cough Cream and Wonder Work; Watkins' Vegetable Anodyne Liniment, Female Remedy, and Kidney Tablets; Nature's Creation Co.'s Discovery; Radium Healing Balm; Phuton Kidney Remedy; Palmer's Skin

Whitener; Barnes Baby Relief; Sayman's Healing Salve; Sayman's Vegetable Wonder Soap; Humphreys' Pile Ointment; Witch Hazel Oil (Compound); Hill's Honey and Tar Compound; "La Franco Combination Treatment" and "La Franco Vitalizer No. 200" (*Jour. A. M. A.*, Jan. 25, 1919, p. 297).

## BOOK REVIEWS

**A LABORATORY MANUAL OF QUALITATIVE CHEMICAL ANALYSIS.** By A. R. Bliss, Jr., M.D., Ph.G., Professor of Pharmacology, School of Medicine, Emory University, Atlanta, Ga.; formerly Professor of Chemistry and Pharmacology, Graduate School of Medicine, University of Alabama. Second edition, revised and reset. 194 pages, with working tables. Philadelphia and London: W. B. Saunders Company, 1918. Cloth, \$2.25 net.

This manual is intended for laboratory instruction and qualitative analysis. It will be found very helpful to the beginner in analytical chemistry, and it is especially intended for students of medicine, dentistry and pharmacy. This second edition represents complete and thorough revision.

**THE HODGEN WIRE CRADLE EXTENSION SUSPENSION SPLINT.** By Frank G. Nifong, M.D., F.A.C.S. 162 pages, with 124 illustrations. St. Louis: C. V. Mosby Company, 1918.

The Hodgen splint is one of the contributions to surgery made by an American. To popularize this splint and explain its use and proper application is the aim of the author of this little abundantly illustrated book of 162 pages. The author says that the repair of wounds and fractures requires sane and common sense application of the laws of physics and mechanics with a proper appreciation of the necessity of contributing to the comfort and general welfare of the patients. The Hodgen splint, according to the author, possesses virtues not found in any other appliance for the treatment of fractures. He, therefore, describes the splint, its use and proper application in this concise monograph.

**SURGICAL TREATMENT. Volume II. A Practical Treatise on the Therapy of Surgical Diseases for the Use of Practitioners and Students of Surgery.** By James Peter Warbasse, M.D., formerly Attending Surgeon to the Methodist Episcopal Hospital, Brooklyn, N. Y. In three large octavo volumes, and separate Desk Index Volume. Volume II contains 829 pages, with 761 illustrations. Philadelphia and London: W. B. Saunders Company, 1918. Per set (three volumes and the Index Volume): Cloth, \$30.

The second volume of this very practical work maintains the high standard set by the initial volume. As in the preceding volume, the therapy offered not only combines that which is generally considered best, but it offers the alternative in treatment that is approved but which does not require the same expertness or experience in application. In other words, the book is intended to meet the requirements of not only the experienced surgeon but the less experienced as well, not omitting the general practitioner of medicine.

This second volume consists of the surgical treatment of affections of the head, spine, neck, thorax, breast and abdomen. Like the preceding volume, it is well written, up to date, and as comprehensive as possible with a work of the kind, and abundantly illustrated. It should meet with the appreciation of the medical profession.

# Stanolind Reg. U. S. Pat. Off. Petrolatum

## *For Medicinal Use*

In five grades to meet every requirement. Superla White, Ivory White, Onyx, Topaz and Amber.

Stanolind Petrolatum is of such distinctive merit as to sustain the well-established reputation of the Standard Oil Company of Indiana as manufacturers of medicinal petroleum products.

You may subject Stanolind Petrolatum to the most rigid test and investigation—you will be convinced of its superior merit.

## Stanolind Surgical Wax

### *For Injuries to the Skin*

While it is more generally used in the treatment of burns, it also is employed successfully in the treatment of all injuries to the skin, where, from whatever cause, an area has been denuded—or where skin is tender and inflamed—varicose ulcers, granulating wounds of the skin, etc.

Surgeons will find it useful to seal wounds after operations instead of collodion dressings.

It maintains the uniform temperature necessary to promote rapid cell growth.

It accommodates itself readily to surface irregularities, without breaking.

## STANDARD OIL COMPANY

(Indiana)

*Manufacturers of Medicinal Products from Petroleum*

910 S. Michigan Avenue

Chicago, U. S. A.

# Chloretone

## A Broadly Serviceable Hypnotic and Sedative

CHLORETONE is used with marked success in the treatment of insomnia. It is extensively employed in asylums, hospitals, etc., for acute mania, periodic mania, senile dementia, the motor excitement of general paresis, and alcoholism. The dose for adults is ten to fifteen grains. Sleep usually follows in one-half to one hour.

In addition to its primary function as a hypnotic, Chloretone has a wide range of therapeutic applicability as a sedative. It is useful in epilepsy, chorea, colic, pertussis, tetanus and other spasmodic affections; gastric ulcer, nausea and vomiting of anesthesia, seasickness, the pains of pregnancy, vomiting of pregnancy, etc.

### SPECIAL ADVANTAGES.

Chloretone induces profound, refreshing slumber.  
It is a sedative to the cerebral, gastric and vomiting centers.  
It is relatively non-toxic.  
It does not disturb the digestive functions.  
It produces no depressing after-effects.  
It is not "habit-forming."

♦ ♦ ♦

Chloretone has been pronounced the most satisfactory hypnotic and sedative available to the medical profession.

CHLORETONE: Ounce vials.

CHLORETONE CAPSULES: 3-grain, bottles of 100 and 500.

CHLORETONE CAPSULES: 5-grain, bottles of 100 and 500.

## PARKE, DAVIS & CO.

Laboratories: Detroit, Mich., U. S. A.; Walkerville, Ont.; Hounslow, Eng.; Sydney, N. S. W.

Branch Houses and Depots: New York, Chicago, St. Louis, Baltimore, New Orleans, Kansas City, Minneapolis, Seattle, Buffalo, Pittsburgh, Cincinnati, Indianapolis, U. S. A.; London, Eng.; Montreal, Que.; Bombay, India; Petrograd, Russia; Tokio, Japan; Buenos Aires, Argentina; Havana, Cuba.



# THE JOURNAL

OF THE

## Indiana State Medical Association

Owned, Published and Controlled by the Indiana State Medical Association

ISSUED MONTHLY under the Direction of the Council

VOLUME XII  
NUMBER 3

FORT WAYNE, IND., MARCH 15, 1919

PER YEAR \$1.50  
SINGLE COPY 20 CENTS

### CONTENTS

SYMPOSIUM		PAGE	EDITORIALS		PAGE
Bacteremiae and Toxemiae as They Affect Single Organs.	H. O. Pantzer, M.D.	61	The Wassermann Test and Its Application		77
Preliminary Thyroid Operations.	Goethe Link, M.D., Indianapolis	64	The Unsanitary and Unhealthful Tooth Brush		80
Malignant Epithelial Growths of the Thyroid Gland.	H. K. Bonn, M.D., Indianapolis	67	American Autocracy		80
			Editorial Notes		81
ORIGINAL ARTICLES			SOCIETY PROCEEDINGS		
Factors of Safety in Abdominal Hysterectomy.	Donald Guthrie, M.D., Sayre, Pa.	71	Indianapolis Medical Society		89
The Soldier's Heart.	George S. Bond, M.D., Indianapolis	74	Montgomery County		91
			MISCELLANEOUS		
			Deaths		84
			News Notes and Personals		85
			The Truth About Medicines		92

NEXT ANNUAL SESSION, INDIANAPOLIS, SEPT. 24, 25, 26, 1919.

LIST OF OFFICERS AND COMMITTEES ON ADV. PAGE 2.

ENTERED AS SECOND CLASS MATTER, JANUARY 20, 1908, AT THE POSTOFFICE AT FORT WAYNE, INDIANA, UNDER ACT OF CONGRESS OF MARCH 3, 1879. ACCEPTED FOR MAILING AT SPECIAL RATE OF POSTAGE PROVIDED FOR IN SECTION 1103, ACT OF OCTOBER 3, 1917, AUTHORIZED OCTOBER 18, 1918.

## Small in size—big in value

Compact, handy little volumes—the kind that gives you the information wanted in a second's time  
—to the point, brimful of hard, practical facts and conveniently handled

- Dayton's Practice of Medicine**  
By Hughes Dayton, M.D. *New (3d) Edition.* 12mo, 326 pages. *Cloth, \$1.50 net.*
- Thornton's Pocket Formulary**  
By E. Quin Thornton, M.D. *New (11th) Edition.* Pocket size, \$2.00 net.
- Treves' Surgical Applied Anatomy**  
Revised by Arthur Keith, M.D., and W. Colin Mackenzie, M.D. *New (7th) Edition.* 12mo, 702 pages, 153 illustrations. *Cloth, \$3.00 net.*
- Flint's Physical Diagnosis**  
Revised by Henry C. Tbacher, M.D. *New (7th) Edition.* 12mo, 381 pages, illustrated. *Cloth, \$2.50 net.*
- Tuttle & Hurford's Diseases of Children**  
By George M. Tuttle, M.D., and Phelps G. Hurford, M.D. *New (3d) Edition.* 12mo, 599 pages, 50 illustrations. *Cloth, \$3.50 net.*
- Goodman's Blood Pressure**  
By E. H. Goodman, M.D. 12mo, 226 pages, illustrated. *Cloth, \$1.50 net.*
- Abbott's Bacteriology**  
By A. C. Abbott, M.D. *New (9th) Edition.* 12mo, 650 pages, 113 illustrations. *Cloth, \$2.75 net.*
- Egbert's Hygiene and Sanitation**  
By Seneca Egbert, A.M., M.S. *New (6th) Edition.* 12mo, 525 pages, 146 illustrations. *Cloth, \$2.50 net.*
- Polak's Gynecology**  
By John O. Polak, M.D. 12mo, 414 pages, 109 illustrations. *Cloth, \$3.00 net.*
- Taylor's Cancer—Its Study and Prevention**  
By Howard C. Taylor, M.D. 12mo, 232 pages. *Cloth, \$2.50 net.*
- Vedder's Syphilis and Public Health**  
By Col. E. B. Vedder, M.D. *New.* 12mo, 315 pages. *Cloth, \$2.25 net.*
- McCombe & Menzies' Medical Service at the Front**  
By Lieut.-Col. J. McCombe and Capt. A. F. Menzies, C. A. M. C. *New.* 12mo, 128 pages, 24 illustrations. *Cloth, \$1.25 net.*
- Bacon's Otology**  
By Gorham Bacon, M.D., and T. L. Saunders, M.D. *New (7th) Edition.* 12mo, 583 pages, 206 illustrations. *Cloth, \$3.00 net.*
- Hayden's Venereal Diseases**  
By James R. Hayden, M.D. *Fourth Edition.* 12mo, 365 pages, 133 illustrations. *Cloth, \$2.50 net.*
- Potts' Nervous and Mental Diseases**  
By Charles S. Potts, M.D. *Third Edition.* 12mo, 610 pages, 147 illustrations. *Cloth, \$2.75 net.*
- Wachenheim's Infant Feeding**  
By F. L. Wachenheim, M.D. 12mo, 340 pages. *Cloth, \$2.00 net.*
- Jackson's Diseases of the Skin**  
By George T. Jackson, M.D. *Seventh Edition.* 12mo, 770 pages, 121 illustrations. *Cloth, \$3.00 net.*
- Ballenger & Wippert's Eye, Ear, Nose and Throat**  
By Howard C. Ballenger, M.D., and A. G. Wippert, M.D. *New (2d) Edition.* 12mo, 524 pages, 188 illustrations. *Cloth, \$3.50 net.*

Tear this page out—check books wanted. Enclose remittance or have them charged, as you prefer

PHILADELPHIA LEA & FEBIGER NEW YORK

# THE INDIANA STATE MEDICAL ASSOCIATION

Next Annual Session, Indianapolis, September 24, 25 and 26, 1919

## OFFICERS AND COMMITTEES FOR 1919

President.....W. H. STEMM, North Vernon  
 First Vice-President.....L. L. WHITESIDES, Franklin | Third Vice-President.....H. B. HILL, Logansport  
 Second Vice-President.....STEPHEN B. SIMS, Frankfort | Secretary-Treasurer.....CHARLES N. COMBS, Terre Haute  
 Executive Secretary, FREDERICK E. SCHORTEMEIER, 314 Hume-Mansur Building, Indianapolis.

## SECTION OFFICERS

Surgical Section—Chairman, Goethe Link; Vice-Chairman, H. K. Bonn; Secretary, H. O. Shafer.  
 Medical Section—Chairman, V. V. Cameron; Vice-Chairman, A. C. Kimberlin; Secretary, Jane Ketcham.  
 Eye, Ear, Nose and Throat Section—Chairman, John R. Newcomb, Indianapolis; Secretary, E. M. Shanklin, Hammond.

## DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION

For one year (term expires December 31, 1919), Charles Stoltz, South Bend; Albert E. Bulson, Jr., Fort Wayne. Alternates, E. E. Evans, Gary; H. B. Hill, Logansport. For two years (term expires December 31, 1920), Joseph Rilus Eastman, Indianapolis. Alternate, Miles F. Porter, Fort Wayne.

## COUNCILORS

Chairman, G. W. H. Kemper, Muncie.

DISTRICT	TERM EXPIRES	DISTRICT	TERM EXPIRES
1st—J. Y. Welhorn, Evansville.....	December 31, 1920	7th—T. B. Eastman, Indianapolis.....	December 31, 1920
2d—J. B. Maple, Shelburn.....	December 31, 1918	8th—G. W. H. Kemper, Muncie.....	December 31, 1921
3d—Walter Leach, New Albany .....	December 31, 1919	9th—William R. Moffitt, Lafayette.....	December 31, 1919
4th—A. G. Osterman, Seymour.....	December 31, 1920	10th—E. M. Shanklin, Hammond.....	December 31, 1920
5th—Spencer M. Rice, Terre Haute.....	December 31, 1918	11th—G. G. Eckhart, Marion.....	December 31, 1918
6th—O. J. Gronendyke, Newcastle.....	December 31, 1919	12th—E. E. Morgan, Fort Wayne.....	December 31, 1919
		13th—H. M. Miller, South Bend.....	December 31, 1920

## COMMITTEES

COMMITTEE ON ADMINISTRATION AND MEDICAL DEFENSE—Permanent Members, President (W. H. Stemm, North Vernon) and Editor and Manager of THE JOURNAL, Albert E. Bulson, Jr., Fort Wayne; E. M. Shanklin, Hammond (term expires December 31, 1921); Frank B. Wynn, Indianapolis (term expires December 31, 1920); E. O. Daniels, Marion (term expires December 31, 1919).

COMMITTEE ON SCIENTIFIC WORK—H. O. Shafer, Rochester; Jane Ketcham, Indianapolis; E. M. Shanklin, Hammond; Charles N. Combs, ex-officio, Terre Haute.

COMMITTEE ON CREDENTIALS—George W. Spohn, Elkhart; P. C. Bentle, Greensburg; F. E. Schortemeier (executive secretary) Indianapolis.

COMMITTEE ON NECROLOGY—G. W. H. Kemper, Muncie.

COMMITTEE ON PUBLICATION—The Council and A. E. Bulson, Jr., Fort Wayne.

COMMITTEE ON SCIENTIFIC EXHIBIT—B. D. Myers, Bloomington; Bernard Erdman, Indianapolis; A. G. Osterman, Seymour; H. W. McDonald, Newcastle; William A. Thompson, Liberty; A. E. Bulson, Jr., Fort Wayne; F. E. Schortemeier (executive committee) Indianapolis.

# FREE

Sterile  
Specimen  
Containers  
Slides  
Culture  
Media and  
Complete  
Fee Table  
on request

Write or  
Wire

# Clinical Laboratory Analyses

The kind of clinical laboratory work that commands respect

Wassermann and other complement fixation tests . . . \$5.00	Autogenous Vaccines. In single vials or ampules . . \$5.00
Lange Colloidal Gold test of Spinal fluid . . . . . \$5.00	Tissue Diagnoses. Frozen section, paraffin or celloidin \$5.00

ABDERHALDEN PREGNANCY and other

Abderhalden reactions . . . . . \$5.00

MILK, FOOD, SANITARY AND TOXOLOGICAL INVESTIGATIONS

Accurate Analyses of All Secretions, Excretions and Body Fluids

ESTABLISHED BY  
DR. M. HERZOG  
DR. H. C. SWEANY  
DR. MEYER D.  
MOLEDEZKY  
DIRECTOR

*Laboratory of*  
**PATHOLOGY AND BACTERIOLOGY**  
THE MOST MODERN EQUIPPED LABORATORIES IN THE U.S.

1130 MARSHALL FIELD ANNEX—25 E. WASHINGTON ST.

PHONE  
RANDOLPH  
6552-6553  
CHICAGO  
ILL.

# THE JOURNAL

OF THE

## INDIANA STATE MEDICAL ASSOCIATION

DEVOTED TO THE INTERESTS OF THE MEDICAL PROFESSION OF INDIANA

ISSUED MONTHLY under Direction of the Council

ALBERT E. BULSON, Jr., B.S., M.D., Editor and Manager

OFFICE OF PUBLICATION: 406 West Berry Street, FORT WAYNE, INDIANA

VOLUME XII

FORT WAYNE, IND., MARCH 15, 1919

NUMBER 3

### SYMPOSIUM

#### BACTEREMIAE AND TOXEMIAE AS THEY AFFECT SINGLE ORGANS \*

H. O. PANTZER, M.D., A.M., F.A.C.S.

It shall be the purpose of this paper to moot some of the incomplete conceptions prevailing in our clinical views and practices as pertaining to toxemiae and bacteremiae. When we consider that the circulating blood eventually touches every cell and fiber in the body, how startlingly few of the many organs in the body are included in our clinical concept of the diseases which we associate with the different forms of toxemiae and bacteremiae?

For illustration, permit me to refer to a paper I was privileged to read before this society in 1892, twenty-six years ago, entitled "Malarial Intoxication." My paper brought an extensive review of what was then known of the etiology of malaria, and concluded with the clinical history of some rare cases. The latter alone interest us here. They reveal the possibility of multiple organ involvement. I enumerated fulminant involvement, in different cases, of the thyroid, heart, brain, lungs, pancreas, and skin. Each case had the common characteristic of malaria, and in turn yielded to the exhibition of quinin, the specific remedy for malaria. The plasmodium malariae was not yet looked for in these cases, for they occurred before this method of diagnosis was found. A brief detail of these cases follows, namely:

CASE 1.—A full-blown hyperthyroidism was successfully met with quinin, and the enlarged thyroid, covering largely the whole anterior neck, receded within one week.

CASE 2.—A much disturbed heart in a pregnant woman was attended with periodically recurrent attacks of intolerable palpitation and dyspnoea, which had been previously treated without effect, was relieved promptly by quinin.

CASE 3.—An insanity with periodical exacerbations of two months' standing, yielded promptly and permanently to the same remedy.

CASE 4.—This hardly is pertinent, being a direct infection of a suckling infant, and can be passed over.

CASE 5.—Hepaticization of pulmonary lobes, which was persistent after the malarial paroxysms had passed, was only partially met by quinin because of the patient's objection to the cinchonism and refusal to take the remedy repeatedly, but which by a short sojourn in Wisconsin dissipated fully.

CASE 6.—Diabetes mellitus in aggravated form, was temporarily successfully controlled with quinin, and in succeeding attacks of malaria each associated with recurrence of the diabetes, this was promptly overcome by quinin: always *without resort to dieting*. Indeed, dieting prescribed by another physician, who had been called interim, and knew nothing of my previous observations in the case, was followed by the aggravation of all symptoms.

CASE 7.—A typhoid form of malaria, was attended with a baffling varioloid skin eruption of face, scalp and forearms, which receded under quinin, without pitting.

Syphilis is another bacteremic disease for which we have a specific remedy. Already in olden times, before we had little more than empiricism to guide us, the *multiformity* of syphilis was intuitively accepted, though not by the concept of a bacterial invasion. Whenever the symptomatology of a given case was not successfully countermet by the remedies vaunted for such symptoms, it was customary to try out mercury and iodid of potassium. Since then syphilis has been found a bacterial disease, and only in very recent times have pathologic findings shown that infection of many

\* One of the papers in the Thyroid Symposium read before the Annual Session of the Indiana State Medical Association at Indianapolis, September, 1918.



organs may exist, as note the finding of the spirochetes in the heart-muscle, blood vessels, nerves, etc.

With regard to the part played in the bacteremias and toxemias of other and varied origin, little clinical and scientific differentiation is yet had. Our theoretical construction of the single case varies with the varying construction of the individual practitioner, and again we individually flounder in the choice of remedies.

Happily we are now recognizing the potential quality resting within chronic foci of disease. Their removal is the order of the day. These foci often exist without their bearers knowing of them, so little is the local disturbance. But the distant single organ infected through them, may usurp our whole interest. By such course, for instance, too often has the patient who revealed sugar in the urine, straightway been put on an antidiabetic treatment, with indifferent or temporary result, where a search for the fundamental disease might have revealed the remediable etiologic factor.

Let me refer to a lady seventy-two years old. She had treated with a fellow gynecologist for some months for severe pruritus vulvae, complicated with diabetes, without getting relief. The urine contained much sugar. The mouth was foul with diseased teeth, and the sub-maxillary glands were much enlarged. The patient at first resented the thought of her teeth being vicious, because she had no pain from them. The teeth removed, and full attention having been given to the after-treatment of the gums and jaws, the patient shortly returned to health and vigor, as she had not possessed in years. All evidence of diabetes vanished without dieting. Four years have passed since then. From recent information I may know there is no return of the diabetes.

Some cases that I have seen were associated with tonsillar infection; others with stricture of the duodenum complicated with ulcer and dislocated gallbladder, and quite a number were connected with an acute attack of the endemic influenza prevalent in this state during the last four or five years. Of the latter cases let me say, there were many attended with definite pancreatitis, but commonly going without diabetes. The tender organ, by light touch, could be made out in these cases, showing variations when only a part or the whole of the organ was involved, or when the disease receded and recurred, and the swelling and tenderness changed with medication or reinfection. I am inclined to think the pancreas is much of-

tener involved than by our present finding is indicated. We do not look for disease of the pancreas, and hence often fail to find it.

Thyroid disease was mentioned in the above series. In my experience various degrees of thyroid tumefaction, accompanied with hyperthyroidism, or not, are in large percent amenable to cure alone by the detection and treatment of various forms of bacteremia and toxemia. One case, occurring twelve years ago, has special interest. A young woman suffering from excessive hemorrhages owing to a large fibroid tumor, had also a large thyroid attended with hyperthyroidism. Medical treatment of the latter at the hospital for several weeks, had only modified the former, when I operated for the uterine fibroids. Great was my surprise when, on the morning following this operation, I found the patient's thyroid vanished, as though removed by surgical ablation! All went well until the seventh day. Then, by the supervision of an acute tonsillitis, there followed within six hours the return of the thyroid swelling and an acute hyperthyroidism which menaced the life of the patient for some days. These did not recede wholly, until months later, after removal of the tonsils. It may be termed idle to moot the pathologic processes in these disturbances. The removal of the uterus and one ovary, with their complement of hormones may have reset the chemism of the body, and more particularly of the thyroid gland; and the local and general effect of the ether, employed in the anesthesia, on the chronically infected tonsils, may be considered as having influenced the toxins going from mouth to thyroid; and other possibilities may be entertained. But the definite and trustworthy adjudication of these phenomena, in this and similar cases, still awaits further scientific progress.

Much elucidation has come to gynecology by recent progress along these lines. Experience has long associated the observation that taking cold at the monthly period was followed with serious disturbances to the menstrual function, then and continuously. But it is only recently that we connect with such disturbance the bacteremia of a so-called cold, which may infect the ovaries, uterus, tubes, and even breasts, and indeed, in virulent streptococcus infection may be attended with suppurative disease of these organs. In likewise, the parturient woman is liable to take on pelvic inflammation by an intercurrent bacteremic infection in some distant organ. Until recently, puerperal fevers were, in our minds, almost exclusively associated with an infection through

the vagina carried by the obstetrician or nurse. This newer knowledge is a source of great comfort to the careful obstetrician who, notwithstanding due care, occasionally has a patient become septicemic.

It exceeds the limitations of this paper to be more than suggestive. Any organ of the body may reveal itself vulnerable in bacteremia. Having this in mind, we should be prepared to find localized disease anywhere in the body, by the occurrence of bacteremic disease. The percentage of cases of epilepsy regarded as idiopathic, can be greatly more reduced, once we have in mind more fully the contingency of bacteremias and toxemias. Many of these cases come with puberty, or in our way of thinking are associated with the sexual organs, and are referred to the gynecologist. Of recent cases, let me refer to one. Miss A. R. was afflicted with epileptic seizures since her sixth year, which had become more frequent since menstruation appeared one year ago when patient first presented herself. She was found toxic, reticent, and torpid. Tonsils and cervical glands enlarged; ileocecum distorted and the seat of intestinal stasis. History revealed severe angina with scarlatina at six years. Tonsils only moderately troublesome since. The tonsils were found infected at their removal. The intestinal torsion was not operated, though this was advocated. Laxatives are being taken regularly. Under such treatment the attacks have receded to only one mild attack in the last five months. Patient at no time was given bromides, while under my treatment. To see her now will nowadays reveal the sad history of epilepsy of twelve years standing, nor distinguish her from any jolly or frolicking female youth.

Nephritis in its various forms has long been associated with bacteremia and toxemia. Urinalysis gives us findings that are differentiating and helpful. The many we bury in the name of chronic nephritis give evidence of our faith in this finding. By a priori reasoning, however, we may assume many other, if not all, other organs are likewise involved by the blood stream carrying bacteria and toxins. But note, we have little knowledge of these other organs, and not yet discovered means of analyzing their physiologic secretion or excretion like pertains to the kidneys. It seems justifiable to accept that many deaths listed officially as chronic nephritis, might as truly have had added, "chronic dermatitis, chronic hepatitis," or, in brevity, let us say: "chronic inflammation of all glandular organs in the body!"

But we do and must recognize, there is a different receptivity by different glandular organs to toxemia and bacteremia. What constitutes the different receptivity, we do little more than surmise. With regard to abdominal diseases, I have found associated anatomic irregularities which have impressed me. May I here be permitted to refer to these to the exclusion of other parts, all the more because anatomic irregularities, in the same sense as here this term is used, pertain to the growth of organs elsewhere in the body.

The embryonal growth and rotation of the colon from the primal cecal jut in the left inguinal region into the ascending, transverse and descending colon for *perilous travel* may be likened to the adventures of Ulysses, described by Homer. En route, the colon clothes itself with peritoneum, picking it up catch-as-catch-can, in constant contraversion with the similar strife for the peritoneal covering by the contemporaneous growth of the spleen, pancreas, stomach, duodenum, kidneys and liver. This diversified struggle for the peritoneal mantle quite naturally results in the formation of folds and membranes of the peritoneum, which entail irregularities in form, size and location of all the organs involved. Thus, are primarily prepared the perplexities of abdominal diseases which attend the later professional efforts to bring relief to suffering humanity!

With this fundamental view, we can account for much that is found in abdominal diseases, and we may hope to find more which now is not even being mooted! With our late vivid conception of toxemia and bacteremia, we must assume that any bacteremic disease is likely to localize itself—granted with varying severity—in *parts anatomically vulnerable*, as described pertaining to abdominal organs.

In a former paper I described the frequent findings of a shortened posterior cecal wall associated with an elongated, pouched anterior wall, resembling the cecum mobile of Wilms, for which, no doubt, it is commonly mistaken. I called attention to the dislocation downward and fixation in these cases, of the right kidney, owing to the shortening of the central taenia of the posterior wall of the cecum. This taenia terminates in an attachment to the lower pole of the kidney (Longyear). The contraction of this taenia will inevitably pull down the kidney. These relations directly, and by the sequence of infection, explain why a kidney in certain cases is dislocated, and has taken on disease. In these cases the disturbed relation, by peritoneal folds, of the duodenum with the ascending colon



and kidney, in its turn may lead to angulation, sacculation and stasis of the duodenum. The origin and obstinacy of some forms of duodenal disease is thus explained in cases where resection of an ulcer is done without relieving the antecedent angulation of the duodenum, by cutting the mischievous peritoneal bands as often are present in the whole section from cecum, appendix and the proximal ileum up to and beyond the hepatic colic flexure, no permanent relief can be expected. In fact, so much have I been impressed with this etiologico-anatomic relation, that in given instances I have only attended to these bands and dislocations, and refrained from excision of the duodenal ulcer. The subsequent course of such patients, as far as my experience goes, has justified this course.

Let me conclude with a brief reference to those effects of toxemia and bacteremia as are displayed in the disturbance of the organs of internal secretion. Removal of the focus or foci of infection wherever located in the entire body; together with greatest possible correction of anatomical irregularities and active eliminative treatment—medicinal, hydrotherapeutic and hygienic—will restore to normal many cases.

The resort to organ therapy often fails, unless accompanied with active elimination. Associated, the two do well in those cases where, under like conditions of disease of the organs of digestion, we administer pepsin, trypsin, pancreatin, etc. The difficulties of their administration in the diseases of the organs of internal secretion, as now encountered, will, no doubt, yield in measure, when we learn to give them more discriminatingly.

These remarks apply most happily in cases where the effects of toxemia and bacteremia have, for the time or in permanency, routed the special physiologic function.

---

#### PRELIMINARY THYROID OPERATIONS \*

GOETHE LINK, M.D.  
INDIANAPOLIS

The value of surgical treatment for thyrotoxicosis is seldom questioned. Of the numerous measures recommended for hyperthyroidism, removal of a portion of the thyroid gland has best stood the test of time.

In many cases of thyrotoxicosis, thyroidectomy would endanger the patient's life. Although thyroidectomy removes the plant where the thyroid toxin is elaborated, this shutting off at the source, is not of immediate benefit to the patient saturated with a quantity of toxin, which it takes several days to eliminate. If the patient can endure the effect of thyroidectomy during the time his crippled organs are eliminating this toxin, with which he is saturated, the operation, having removed the source of supply of toxin, is successful. If we incorrectly estimate the degree of thyrotoxic saturation or the ability of the excretory organs the patient will not be able to sustain the shock of thyroidectomy.

To care for those cases, who have sought surgical aid too late, lesser operations have been devised. These seldom cure, but may bring about an improvement in the patient's condition, sufficient to make thyroidectomy safe, therefore, I have called them preliminary thyroid operations.

The large number of ligations done by Kocher and Mayo, in proportion to thyroidectomies in toxic goiter is significant. In my own practice, I have done 100 thyroidectomies, ligatured one to four times each in 42 cases, and made multiple hot injections in 10 cases. Surgeons too frequently depend on their mastery of the operative technic and the ease with which the gland may be removed when there is within the patient, a concealed danger that would cause a fatal issue though the operation were done by the most skilled operator in the world. It would seem best for the beginner in thyroid surgery to do a preliminary ligation in exophthalmic cases and also in those toxic nonexophthalmic cases in which there is any question as to their ability to endure thyroidectomy. He should only grant himself license in thyroidectomy after experience enables him to judge better the condition of his patients.

The procedures most often used and with which I have had experience are boiling water injections into the thyroid gland, ligature of the thyroid vessels and ligature of the thyroid pole. Some advocate the use of boiling water as a curative measure, not as a preliminary to thyroidectomy. The benefit from ligation is usually only temporary and it is essentially a preliminary operation.

If the improvement derived from one lesser operation is not sufficient to put the patient in condition for thyroidectomy, then it may be repeated, each time adding a little to the gain obtained. Several times I have done five and

---

\* One of the papers in the Thyroid Eymposium read at the Indianapolis Session of the Indiana State Medical Association, September, 1918.



six operations on one patient. Most patients on whom I have done preliminary operations have been successfully brought to a thyroidectomy and cure. Some cases entail much patience as the following will show: Mrs. J., aged 49, was brought to me because of uterine bleeding. She was anemic and emaciated. Examination revealed a large uterine fibroid. She had a toxic goiter. Her pulse was rapid and the heart was dilated and its valves were leaking. It was evident that she could not survive hysterectomy. Three years before an effort to remove her fibroid tumor had been unsuccessful as "her heart failed." In consultation with Dr. A. C. Kimberlin, it was decided that her thyroid condition must be gotten out of the way first. On June 10, 1916, the right superior thyroid artery was ligatured. One week later the second superior thyroid artery was tied. She went home and returned Sept. 9, 1916, heart regular and slowed, sounds normal, considerable gain in weight. Thyroidectomy, a bilateral resection was done, followed by a good recovery. May 14, 1917, hysterectomy was done safely. She is in excellent health at the present time.

The injection of boiling water into the gland, a method devised by Dr. Miles F. Porter, destroys a portion of the secreting substance, thus the amount of thyroid secretion and toxicosis is reduced. I have found this method helpful. The reduction of intoxication usually comes quickly. Thyroidectomy, after boiling water injection, is extremely difficult, as the gland is held solidly in the neck, due to adhesions, and hemorrhage is severe. This constitutes the chief objection to this method and in my opinion, limits its use to two classes of cases: those in whom we never expect to be able to do thyroidectomy, and those who, after all vessels are ligatured, are still unfit for thyroidectomy.

My technic for boiling water injections is as follows: With local anesthesia, a horizontal incision 1 inch long is made through skin and platysma in the middle of the line of the regular incision for thyroidectomy. The gland is uncovered on each side over as great an area as possible by blunt dissection. Two or three injections of boiling water one-half to one ounce each, are made into each side, one in the middle of the lobe and one toward each pole. The syringes are taken out of the boiling water and the injection done as quickly as possible so as to get the full effect of the heat. To facilitate the handling of the hot syringes, three pairs of gloves are worn, rubber, chamoisette and rubber. Glass syringes with asbestos plungers

are best. These may be made from ordinary "catheter syringes." All glass or glass and metal will jam when heated to the boiling point of water and then exposed to air for a brief moment. At the instant when the boiling water is injected there is pain, but this may be obviated with a few inhalations of gas.

Tying the upper pole of the thyroid has about the same effect as tying the superior thyroid artery since the artery enters the gland at this point. The theoretic advantage over arterial ligation from including nerves in the polar ligation has not been apparent in my work. Polar ligation may not be so effective as ligation of the arterial trunk since frequently the arterial branches enter the gland so low that the ligature may fail to occlude all the blood supply.

Ligature of the thyroid arteries is not a modern conception. The thyroid arteries were tied in order to reduce the size of goiters before the technic of thyroidectomy had been perfected and all four arteries were tied as early as 1850. The use of thyroid ligation as preliminary to thyroidectomy was developed by Kocher, but has never been generally practiced. Mayo has used ligature of the superior thyroid artery very extensively. Ligature of the inferior artery is seldom done in this country. Halstead, *Annals of Surgery*, August, 1913, says, "For the past two years or more I have tied the inferior in preference to the superior arteries." Among other reasons for doing so, he mentions the fact that the inferior thyroid artery is usually larger than the superior, the effect of the ligation may be greater, and that the location of the inferior is less variable than that of the superior vessel which is subject to changes because of the inconstant position of the superior pole. Halstead advises ligaturing each artery through a space too small to admit more than one finger.

Kocher advises against ligature of all four arteries because of the danger of injuring the parathyroids and causing tetany. Halstead concludes that this danger is not great, provided the ligations are done neatly and not too near the parathyroids. The parathyroids are found at the ends of the terminal branches of the inferior thyroid artery. Though I have tied all four vessels six times I have not seen tetany result. Ligature of the right and left inferior thyroid arteries at separate sittings is advisable, the parathyroids will thus have time to adjust themselves to new circulatory conditions and will not all be disturbed at the same time.

The horizontal skin incision in two individuals for the superior thyroid artery, due to the differences in necks and thyroids, may vary as much as 2 inches in the vertical location. This is not true of the incision for the inferior thyroid which has for its guide a fixed landmark.

Ligature of the superior thyroid artery, in the majority of cases, is easy; though, an occasional case is encountered, which tries the patience of both surgeon and subject. In some emaciated patients, the artery or one of its branches can be felt and its pulsations seen through the skin.

The technic I use in ligature of the superior thyroid artery is as follows: Draw an imaginary line vertically through the apex of the thyroid. Infiltrate with anesthetic solution directly across this line half an inch above the apex of the thyroid. Incise skin and platysma,  $1\frac{1}{2}$  inches so that the vertical line bisects the incision. The incision may be horizontal or may slant slightly downward and forward in a skin crease. The platysma and the cervical fascia being cut, the underlying muscles are separated in the direction of their fibers until the capsule of the thyroid is identified. If in doubt as to the capsule of the thyroid ask the patient to swallow when the gland is seen to rise and fall. The capsule may be divided and a branch of the artery easily found. As a rule pulsation of the large branch lying at the posterior border of the thyroid cartilage is so plain at this step that nothing remains but to uncover it and trace it to its origin. A bloodless field is very necessary. To obtain this use an excess of adrenalin and carefully tie all bleeders. It is best to tie the artery with chromic catgut No. 1. Silk or linen has invariably been expelled for me. Ligature in continuity. A small drain left in for a few days will save trouble.

Ligature of the inferior thyroid artery is not so easily performed. The following technic which I use is similar to that advised by Halstead. Slightly below the level of the cricoid cartilage a horizontal incision, 2 inches long, is made. The middle of this incision should lie directly over the prominence of the sternomastoid muscle. The skin and platysma being incised the fibers of the sternomastoid muscle are separated and drawn apart as are also the fibers of the sternothyroid muscle, thus uncovering the thyroid capsule. The thyroid is retracted inward and very easily separated from the common carotid artery which is drawn outward. When the posterior surface of the common carotid artery is reached the pulsation of the inferior thyroid artery may often be seen at

the level of the cricoid cartilage. For a deep landmark it is noted that the artery crosses inward from behind the common carotid artery just below the carotid tubercle of the sixth cervical vertebra. This operation even more than that of ligature of the superior thyroid must be free from bleeding. The recurrent laryngeal nerve usually lies directly behind the inferior thyroid artery, which crosses it. The sympathetic trunk and its cardiac branches are sometimes seen and should not be injured. The artery lies at a considerable depth from the surface and special retractors are necessary as well as a ligature carrier of the proper shape and length. The most important detail is perhaps that of the lighting.

For some time I have practiced ligature of both the inferior and the superior thyroid arteries through one incision, that just described for the inferior. The inferior artery is tied first then, if the patient's condition is good, the upper flap is strongly lifted upward and the superior is dissected out. The arteries lie in different planes but their vertical positions are not so far apart as commonly supposed. These arteries I have found subject to considerable and frequent variation. The superior arteries may both be very small, the inferior arteries being correspondingly larger than usual or vice versa. Even when such a variation is present the ligature of both the superior and the inferior artery at one sitting assures control of one-half the blood supply of the gland. Ligature of two arteries through the same small incision seems to be borne as well as ligature of one artery and gives a greater relief. It has been found that ligature on both sides at one time is not safe in severe cases. Ligature of the inferior thyroid artery is by far the preliminary operation of choice. The technic of ligature of the thyroid arteries is hard to learn from the surgical and anatomic literature. The anatomy of the inferior thyroid artery, especially, is seldom illustrated correctly.

The interval between a first and second ligation or the first ligation and thyroidectomy varies. In some cases, thyroidectomy may be done one week after ligation or a second ligation may be done then. Most cases go home after ligation until their maximum improvement is reached in two or three months, when thyroidectomy is safe.

A wider use of the preliminary thyroid operations will extend the field of thyroid surgery and prevent many deaths that might follow ill timed thyroidectomy.



MALIGNANT EPITHELIAL GROWTHS  
OF THE THYROID GLAND\*

H. K. BONN, M.D., F.A.C.S.

INDIANAPOLIS

In considering cancer of the thyroid gland one is impressed with the fact that so few permanent cures are reported, Ewald, quoted by Hertzler, finding but four cases. In recent years, however, operative cures appear to be more frequent. The infrequency of cures is quite likely due to two causes, namely, early recognition of malignancy has not occurred or early metastases have been present. It is well to remember that thyroid cancer occupies the most prominent position so far as metastases in bones are concerned.

Recklinghausen assumed that bone involvement by thyroïdal cancer occurred so frequently because of the abrupt widening of the venous spaces in the bones the blood stream thus becoming slower and affording an opportunity for cancer cells to become permanently settled. Other observers have pointed out that Recklinghausen's assumption does not explain why the bones are unaffected with as much frequency, through metastases, by carcinomas of other than thyroid origin. The ability of metastases of thyroid carcinoma to revert to the normal type of thyroid tissue is quite commonly appreciated. Meyer-Hurlimann and Oswald observed a remarkable case of cancer of the thyroid, in which after roentgen-ray treatment, the tumor softened and then began to secrete an enormous amount of serous brownish-yellow fluid, which showed the same properties as normal thyroid secretion, both by chemical and physiologic examination. Crotti, commenting on this case, thinks these facts denote that a malignant degeneration of the thyroid does not deprive the gland of its normal function.

Crotti also directs attention to the faculty of the cells of thyroid carcinoma to shape themselves into normal alveoli and to secrete colloid, this faculty being distinctive in that metastases from other carcinomata do not secrete their normal products nor do the cells so arrange themselves. He cites the classical case of von Eiselsberg, who having made a complete thyroidectomy for malignancy, had no evil results ensue, until a postoperative metastases was removed, when myxedema promptly occurred.

Some of the varieties of carcinoma of the thyroid have the same tendency to penetrate veins as the hypernephromata exhibit and observers have frequently noted that the thyroïdima veins were thrombosed by tumor invasion.<sup>16</sup>

Epitheliomata of the thyroid are solely to be discussed in this paper. These growths have been classified by Langhans as follows: malignant adenoma or proliferating goiter, metastatic colloid goiter, papilloma, parastruma, postbranchial goiter, carcinoma, and canceroid or squamous-celled carcinoma.

Malignant adenoma, or proliferating goiter, received this title from Kocher, but was designated adenocarcinoma by von Eiselsberg. Crotti distinguishes carcinoma from adenocarcinoma, while Hertzler does not. It has been suggested that the name of proliferating goiter is apt to be confusing, inasmuch as this tumor is entirely dissimilar from hyperplastic non-malignant goiter.

The malignant adenoma is usually one small nodule with a lobulated surface, and quite commonly there is present a necrotic center, similar to a scar. This growth is peculiar in the fact that its neoformed vesicles are lined with a single layer of epithelium, containing colloid. The peculiar shape of the blood vessels, which are irregular, and the fact that the cells lie in direct contact with the tumor cells, suggests a normal organ in a state of development rather than a cancer, according to Crotti.

Metastatic colloid goiter does not differ histologically from a simple colloid goiter, except in the distinctive feature of metastases formation, these metastases occurring by the vascular route usually, although they may occur through the lymphatics. This tumor is considered benign by Cohnheim, Housell, Patel, Schmidt and Oderfeld while Hanseemann, Borst, Kaufmann, Recklinghausen, Wolfer and Langhans consider the growth definitely malignant.

Thyroid papillomata are usually small in size and have a nodular form with a smooth surface, and the growth may be either solid or cystic. The tumor corresponds to the ordinary papilloma and metastases occur through the lymphatic glands and present the same histologic picture as the primary tumor. Papillomata probably originate from the so-called K  rsteiner's canals, which are concerned with the origin of postbranchial goiter.

Parastruma is the glycogen-containing goiter, described by Kocher, Jr., and presents a nodular surface, grows rapidly, becoming quickly

\* One of the papers in the Thyroid Symposium read at the Indianapolis Session of the Indiana State Medical Association, September, 1918.



adherent to neighboring structures. The cut surface of such a growth is grayish white.

Histologically, the cells of this tumor are large and clear, polyhedric in shape and contain glycogen in variable quantity. Observers have noted remains of aberrant parathyroids, situated in normal thyroids, which contain glycogen and globular cells, similar to those found in parastruma.

Metastases from parastruma are found in the bronchial, mediastinal and cervical glands and also in the bones. Glycogen may or may not be found in the metastases, but the same characteristic cells, namely, a high cylindrical epithelium with a nucleus lying at the upper tip of the cell, as described by Küsterneier, are found.

Postbranchial goiter grows rapidly and presents a grayish-brown or grayish-red appearance on cut section. Microscopically the cells resemble those of the liver or suprarenal bodies, but their vesicular arrangement and colloid content differentiate their origin.

Metastases are found in the liver, lungs and cervical glands.

This type of goiter probably has its origin in embryonic residues of the postbranchial bodies since Getzowa was able to find in normal thyroids groups of cells apparently identical with those found in postbranchial goiter.

Carcinoma of the thyroid is usually a hard nodular tumor which is adherent to the neighboring tissues.

The tumor is grayish-white in color but frequently presents areas of softening. Histologically, the microscopic picture is identical with that of carcinoma elsewhere. Metastases occur through the lymphatic route and affect the suprarenal bodies, pleura, kidneys and bones.

Cancroid or squamous-celled carcinoma never reaches a large size, and according to Ribbert, is a rare tumor. This growth may occur in the normal thyroid as well as in preexisting goiter.

The cut surface of the tumor is white and finely granular, the granulations being formed by the cancerous nests. The external surface of the growth is irregular and extremely hard in consistency.

Histologic examination gives the same picture as squamous-celled carcinoma found elsewhere. The epithelium is cubical, and cancer pearls are numerous.

Cancroid always has a close connection with the pharynx and larynx and Langhans believes that this tumor has its origin in these structures, or in the remains of the thyroglossal duct. In this connection, it is well to remember that the

thyroid begins as an evagination of the epithelium of the alimentary canal, this being a down-growth from the pharynx which develops at the junction of the posterior and middle third of the tongue from which the bilobed thyroid is developed. The site of the thyroid anlage evagination is marked by the position of the foramen cecum of the tongue, resulting in isolated masses of thyroid tissue, which are found along the trachea and bronchii.

Pathologists have noted that it is sometimes difficult to differentiate carcinoma and adenomata. Fetal adenomata frequently furnish an origin for cancer as borne out by the histologic picture. Gatch confirmed this observation of Crile's in at least one instance being evidenced by the histopathologic examination. Since cancrroid practically always develops and perforates at the same place, namely, near and behind the first tracheal ring, these anatomic and theoretical findings should be kept in mind.

Squamous-celled carcinoma is prone to infection and necrosis because of proximity to the pharynx and larynx.

The sympathetic and laryngeal nerves are usually involved early, due to their anatomic relationships.

Malignant disease of the thyroid usually appears between the ages of forty and sixty years, and quoting Hertzler, the disease develops in 90 per cent. of cases more frequently in females than males.

The development of thyroid malignancy may be either acute, latent or subacute, according to Crotti. For the acute type, three or four weeks may suffice to produce alarming symptoms of suffocation and widespread tissue infiltration. This acute form of malignancy is sometimes difficult to differentiate from acute thyroiditis. In the latent form, the thyroid is modified but slightly in size, form and consistency. Numerous metastases are found, however. This type is rare.

The most frequent form is the subacute type in which cancer appears in a goiter which has been present in a stationary form for years. Apparently without cause, the growth begins to enlarge and the consistency to change from soft to hard. These two physical signs are sufficient to suspect beginning malignancy.

Later, interference with respiration occurs. The voice becomes rough, harsh and bitonal, and swallowing becomes difficult. Pain running to the chin or ear appears shortly. The tumor becomes adherent to contiguous structures. A barking cough is frequently present and paroxysmal choking attacks may appear.

Thyroid insufficiency does not occur frequently, either because the entire gland is not involved as yet or because the malignant thyroid cells have not lost their physiologic properties.

My personal experience with thyroid malignancy consists of one operated case of the rare squamous-celled carcinoma and observation of three cases of adenocarcinoma and one of sarcoma.

Briefly, the case of canceroid was presented by a man of fifty years of age, who was referred by Dr. H. E. Koons. The patient came to Dr. Koons because of voice impairment. The vocal cords were found congested, slightly swollen and a rather vivid pink instead of the normal white color. There was neither ulceration nor nerve injury present.

The patient was a latent diabetic, but had been sugar-free for three years. A tumor the size of a walnut had been present in the upper pole of the left lobe of the thyroid for twenty years. In January, 1918, this nodule began to enlarge quite suddenly and progress was quite rapid, the voice being affected in the following two months. In April, 1918, the patient had an attack of facial erysipelas, lasting a week. He thinks that the growth has grown more rapidly since this illness, at the time of which his physician in Michigan assured him that his thyroid tumor was fibrous and entirely harmless.

On examination, both Dr. Koons and myself were immediately impressed with the undoubted likelihood of the tumor being malignant.

Operation was advised at once, particularly in view of the fact that the infiltrated isthmus was producing mild attacks of choking. The patient was informed previous to operation that its purpose was to remove as much pathology as was possible, and then, depending on the diagnosis by section, to institute roentgen-ray and radium treatment should our decided suspicions of cancer be confirmed.

A globular mass 5 inches long and 3 inches wide, which comprised almost all of the left lobe and the isthmus, was removed. An intracapsular enucleation had to be abandoned and an extracapsular removal undertaken because of the fact that the growth had broken through posteriorly. Extension of the malignant process had taken place in the deep planes of the neck and the carotid jugular and vagus bundle was firmly fixed. Radium and roentgen-ray treatment were begun on the eighth postoperative day by Drs. Kennedy and Pennington, respectively, the patient having left the hospital on the sixth day.

The midoperative and gross pathologic diagnosis was malignancy. In the specimen the original growth was sharply defined and had evidently undergone some definite calcareous change. Interesting also, was the presence of an abscess containing an ounce of pus, located near the original tumor. Whether this abscess was related etiologically in any way to the attack of erysipelas, cannot be stated.

At the present time the patient has gained 10 pounds, feels well, the cough has disappeared, swallowing gives no annoyance and the voice has improved somewhat. The skin of the neck is quite movable, and while some degree of hardness persists, there is an appreciable softening of the tissues and there has been no local recurrence so far as tumor formation is concerned. I should consider that a guarded prognosis is to be entertained, although Dr. Kennedy has discontinued the treatment and gives a favorable prognosis.

Dr. H. R. Alburger's pathologic report is as follows:

"The section taken from the tumor mass shows no normal thyroid tissues, but is enclosed in a capsule of connective tissue, prolongations of which extend into the tumor mass and contain blood vessels most of which are congested.

"The new growth consists of irregular masses of squamous epithelium, the cells of which are fairly uniform in size and type, and are held together with cement substance and contain fairly uniform oval vesicular nuclei. In the centers of these tumor masses are laminated whirls of flattened cells partially keratinized.

"The whole picture is characteristic of the form of carcinoma seen usually in connection with squamous-covered surfaces, evidently malignant and of a relatively undifferentiated type. Squamous-celled carcinoma of thyroid."

In conclusion, early diagnosis of malignant thyroid growths may be easily made by bearing in mind the two facts, that sudden increase in a long quiescent goiter, accompanied by a change in consistency, quite uniformly means malignancy.

#### DISCUSSION

DR. H. O. SHAFER, Rochester, Ind.: I think the thyroid problem is one of the biggest problems before us today. We hardly know where the medical man begins and the surgeon leaves off in these cases, and as has been said, I do not believe there is anything so hard to diagnose in its incipency as hyperthyroidism.

I want to take issue with Dr. Link in some things he has said about his preliminary operation. I may be only in a certain stage of evolu-



tion that will make me revise my attitude later, but I cannot help but feel that the radical work, at least in my own hands, is the work that is beneficial and that will get results. The only cases that have worried me are those I have ligated. I find the anesthetic is another important factor in these cases. Those on which I have done the radical operation are the ones that got well quickly. I think some of this preliminary work may be compared to our old appendix work when we used to drain. We do not think of draining an appendix now—we get the appendix out in ninety-nine cases out of 100. And I think the removal of that gland in a great majority of cases will clear the case up quickly and more safely than by any other means.

Two weeks ago I operated a case that I did not know whether he was a medical or a surgical case; I did not know whether the man should go to an insane asylum or have his thyroid removed. I felt it was a mental case, but he also had a thyroid. I removed the thyroid and it absolutely cleared up his symptoms. The symptoms were those of hyperthyroidism originally, but this phase came on after worry because he had been turned down by the examining board and could not enter the army. He had two brothers in the army and felt disgraced because he could not go on account of a physical defect. The removal of the thyroid absolutely cleared up his symptoms in what I was afraid at first was a mental case.

In regard to the influence of the anesthetic on high blood pressure which we see so many times in these cases, I have been using morphin and atropin and a little ether, and I believe it is as safe as a local anesthetic, and I know the patients are disturbed less. I have less toxic symptoms following the operation under ether than under a local anesthetic.

DR. HUGO PANTZER, Indianapolis: Some one, in hypercritical mood, has said that the history of medicine is a graveyard of beliefs. It seems to me other stones will be added to this graveyard by the coming progress in the etiology of the diseases under discussion. A short time ago operations on the thyroid gland were numerous, whereas now, by associating many cases of thyroid disease with infectious foci in other organs, and by elimination of the latter, we witness the recession of the thyroid disease without operation. The present course of doing cholecystectomy where formerly cholecystostomy was done for practically all cases of gallbladder disease I think is doomed to a similar fate. Once we understand more fully why in the course of bacteriemia only one case in many results in a cholecystitis, we may do what will prevent infection of the gallbladder and we may find more direct and differential remedial measures for its cure when pres-

ent. The former practice of cholecystostomy yielded good results in the majority of cases. In a minority, the operation was followed with return of suffering in this region. This led up to the present vogue of removing the gallbladder, and, so far, with results satisfactory though the operation is attended with immediate risk to life greater than cholecystostomy. It may be questioned, until statistical evidence is adduced, whether the percentage of cures by the latter radical measure supersedes the good results obtained by the former cholecystostomy. But be this as it may, already we are having cases treated by cholecystectomy coming back with symptoms referred to the same region. It seems evident that we have not yet evolved the etiology of such cases sufficiently to apply the differential remedy.

I will suggest that we more often seek in the anatomic irregularities the causes that make vulnerable to infection these parts. In treating cholecystitis, pancreatitis, duodenal ulcer, intestinal obstruction, etc., let us be more wary of the part played by faulty peritoneal complications, and the consequent deformity, distortion and dislocation pertaining to these organs.

DR. H. K. BONN, Indianapolis: I would like to speak about hot water injection of the glands. I know of a case in which the nurse who was boiling the water did not get it sufficiently hot, and yet this patient, who had an exophthalmic goiter, showed a perfect result following the injection of lukewarm water. I wonder whether it is the boiling hot water, or whether it is the pressure that produces the result in the hot water injections.

Personally, I am indebted very much to Dr. Link for the privilege of seeing a good many of his ligations, and I consider this method one of the most valuable procedures I know of in dealing with the class of cases of which he speaks. It has been suggested that an angioneurotomy—that is, dividing the neurovascular pedicle after ligation—is better than a simple ligation in that it produces a more prolonged effect. It occurs to me that a ligation is sufficient, inasmuch as the ligature may slip off if the pedicle is divided, with resulting hemorrhage which is difficult to control, due to retraction of the bleeding vessels.

I do not think Dr. Link takes enough credit for his ingenuity in devising these instruments. I have occasion to know that these instruments aid greatly in doing thyroid ligations.

In regard to the influence of radium on carcinoma, I confess that I was very much of a doubter as to any benefit to be derived from this agent until I had the opportunity of seeing the effect on my case of thyroid carcinoma.

DR. GOETHE LINK, Indianapolis: Dr. Pantzer's paper deals with the cause of some goiters,



and by the removal of the cause, however remote, he brings about a cure. In my paper I have considered the method of approaching advanced cases with which we will have to deal for years to come. We are now in the state regarding thyroid disease that we were in formerly with regard to appendicitis, sending cases to the surgeon too late.

From what Dr. Shafer said I evidently did not state my position clearly enough, for my operations were preliminary to thyroidectomies. In approaching these advanced cases it has seemed to me that I was scrambling around in a junk pile trying to pick out pieces from which I could make a good machine.

Dr. Bonn's case was very interesting because it was so rare. I have operated one large nodular goiter, thinking I operated for cancer. I hoped to relieve pressure, so I opened the nodular mass and excavated the material. It was impossible to take the goiter out in the regular way of a thyroidectomy. To my surprise, on microscopic examination the material proved to be inflammatory, not cancerous, with the result that the woman is living and very much relieved by the operation.

---

### ORIGINAL ARTICLES

---

#### FACTORS OF SAFETY IN ABDOMINAL HYSTERECTOMY \*

DONALD GUTHRIE, M.D.

Surgeon to Robert Packer Hospital

SAYRE, PA.

The modern methods of preparing patients for operation, the improvement in the operative technic and anesthesia, and intelligent postoperative care, have made the operation of abdominal hysterectomy a safe procedure. In reviewing our 551 hysterectomies of all types performed in the last seven and one-half years, we are impressed with the following factors of safety:

1. The preparation of the patient. It is important for the surgeon to know the exact physical condition of every patient presenting herself for operation. This necessitates careful history taking, careful examination of the chest, the circulation, the condition of the blood stream, the nervous system, and kidney efficiency. Patients who have suffered severe loss of blood at the menstrual time, we believe, should be operated on just before the onset of

the next period, giving the body a chance to recover from the last severe hemorrhage. Women with severe metrorrhagia, flowing at the time of examination, should be given salines and tonics, and such measures should be carried out that will tend to stop the hemorrhage and give the body a chance to recuperate. If the hemoglobin is reduced below 40 per cent. and the bleeding cannot be controlled, direct transfusion of blood from some blood relation is a valuable aid in the preparation as was borne out in five of our cases. I am satisfied these patients could not have stood operation had not transfusion been performed.

Two factors which promote postoperative shock are loss of sleep and dehydration. In our preparation of patients for any abdominal operation we consider these two factors carefully. In nervous, excitable cases with insomnia we advise a few days' rest in the hospital, and are careful to see that these patients sleep well at night.

We do not employ preoperative purgation in any form, believing that it is not only a useless measure, but a harmful one. Large amounts of fluid are lost by the purge and a night which should be spent in comfort and rest is made a veritable nightmare. Alvarez and Taylor have shown experimentally that the purged gut is less able to empty itself and is more distended than one that has not been purged. All surgeons have noticed how much easier it is to operate upon the emergency case with the collapsed bowel than upon those who have been thoroughly prepared with their empty but distended coils, and yet we all have been slow to realize that purgation is not only unnecessary but harmful.

We rely upon a morning enema to empty the lower bowel, except in the patient who is obstinately constipated. She is given a small dose of cascara the night before operation and the morning enema. If the operation does not come until late in the morning we allow our patients hot coffee, tea, or broth when they are awakened.

We plan to have the patients lose as little fluid as possible on the operating table; therefore, our operating rooms are at normal room temperature instead of excessively hot. The patients are not wrapped in blankets, and no measures are taken to keep the operating table warm. It is seldom necessary to change the night garment on the table after the operation is over because of perspiration.

In all cases of hysterectomy the patients are shaved in the afternoon and the abdomen

---

\* Read at the joint meeting of the Interstate Association of Anesthetists and the Indiana State Medical Association, at Indianapolis, Sept. 26, 1918.

treated with tincture of iodine. This is repeated just before operation. In addition the vagina is washed out well with soap and water, and a 1 to 5,000 bichlorid douche given. This is repeated on the table should the case be one for complete hysterectomy.

The value of good anesthesia by a trained anesthetist cannot be too strongly advised. The responsibility of the anesthetist in major operations is next to that of the surgeon. Most hospitals today have the services of skilled anesthetists. The personality of the anesthetist is most important, for he or she can, by skilled suggestion, calm the most nervous patient. In all of our cases of pelvic surgery we employ the Trendelenburg anesthesia. The anesthetic is started with the patient in the Trendelenburg position on the operating table. It is not necessary to have all patients come to the operating room, but if the anesthetic is given in an anesthetizing room the patient is put to sleep in the Trendelenburg position on the table which is to be used during the operation. Here, the personality of the anesthetist is most important, for by suggestion the fears of the patient caused by the slight discomfort in beginning the anesthetic in this position, can be allayed.

We all know that trauma to the small intestine is a great factor in the production of shock. In this type of anesthesia it is planned to have the small intestine out of the pelvis when the abdomen is opened. If Trendelenburg anesthesia is used it is usual to find but a coil or two of small intestine in the pelvis, and it is seldom ever necessary to use more than one small square of gauze to get excellent exposure. When we open the peritoneum we insert two fingers into the abdomen and lift the abdominal walls well up, the intruding air will cause any coil of intestine that has not gravitated out of the pelvis to slide upward. When this method is compared with the one usually employed, of putting the patient to sleep in the dorsal position, making the incision, then calling for the Trendelenburg position, it is amazing to see the difference in the amount of gauze used to obtain exposure. Trauma to the small intestine varies with the amount of packing necessary. We consider this method one of the safe factors in preventing shock in pelvic operations. Should the pelvis not be infected the gallbladder is explored by touch before packing is inserted. If gallstones are found the question as to whether or not they should be attended to depends on the condition of the patient at the end of the pelvic operation. The appendix is always re-

moved after hysterectomy unless some critical state of the patient contraindicates its removal.

In our operation for abdominal hysterectomy we use the clamp method, clamping and cutting first the broad ligaments containing the ovarian arteries on both sides, next the round ligaments separately. After freeing the uterus on both sides in this manner we dissect the fold of the peritoneum on the anterior surface of the uterus, push the bladder forward, then isolate the uterine vessels on both sides and cut between the clamps. The cervical canal is wiped off with gauze wet in bichlorid. We do not use any strong antiseptic here, fearing that if a slough is produced it may favor intestinal adhesions. In two of our earlier cases the patients had to be operated on for this condition. The objection some few men have to the clamp operation is the fear that it produces thrombosis in the veins. This I do not believe because the results in vaginal hysterectomies where clamps were used are good, and pulmonary embolism is not any more common in this class of work than in any other. Our sutures are placed well behind the clamps and are placed in immediately so that if thrombosis has occurred it would be in the vessel at the distal side of the ligature. We do not use mass ligatures of any kind nor do we use the old pedicle needle. The vessels in the broad ligaments are secured by using a safety tie, then a lock suture throughout. The uterine vessels are ligated after fixing the ligature along the side of the cervix by a safety tie and then securing the vessels firmly by another tie of the same ligature.

If a panhysterectomy is to be performed we isolate the ureters by splitting the posterior peritoneum, following them throughout their course. In a few cases we have used the ureteral catheter passed in the ureter and left in place. This makes it easy to recognize these structures, as they pass close to the cervix. To my knowledge we have never cut or ligated a ureter in a panhysterectomy. In cutting across the body of the cervix we use a conical incision which favors coaptation of the cervical margins. It is most important, I believe, to close up the cervix carefully, and to bring back the anterior peritoneal fold sutured to the posterior peritoneum. In multiparous women with relaxed vaginal outlets we suture the round ligaments across the cervical body to prevent prolapse of the cervix into the vagina. An equal pull from each side tends to hold the cervix well up in the vagina. Before closing the abdomen we bring the omentum down into the pelvis, com-



pletely covering the operative field, and all coils of the small intestine, which have gravitated back in the pelvis. By so doing, the liability for adhesions is lessened. In the closure of our wounds we use a continuous stitch in the peritoneum and interrupted sutures of chromic catgut in the muscle and fascia. This is a safer method than a continuous stitch. These sutures are not tied tightly.

I cannot advise too strongly that the operating surgeon see his patients daily, and at frequent intervals after operation. The responsibility of the postoperative care of patients should not be entrusted entirely to the house doctors and nurses. Oftentimes complications may be early recognized by the surgeon and combated, which would be overlooked by subordinates if they had complete care of the patient.

We plan to have our patients made just as comfortable as possible during their postoperative course. They are kept in quiet recovery rooms for the first two or three days in the constant charge of a nurse. As soon as they are awakened they are given by mouth an ounce of olive oil. If they vomit it they get rid of a lot of ether, and it is usually the only time they do vomit. Fluids by mouth are given early and in large amounts if they are retained. We have discontinued the Murphy drip except for those who are dehydrated and shocked, believing that it causes reverse peristalsis and increases gas pain. Food is given early because it is the best stimulant for peristalsis that we have. Most of our cases of hysterectomy have soft diet on the second day after operation and have a natural bowel movement on the third day.

We give one-sixth of a grain of morphin and  $\frac{1}{150}$  of a grain of atropin twenty minutes before anesthesia. Morphin is given frequently, but in small amounts for the first forty-eight hours after operation. Our practice is to give one-twelfth of a grain hypodermically every four hours. When the abdomen has not been drained we use a five pound sand bag for the first three days believing that its weight helps to restore normal intra-abdominal pressure and prevents distention. One condition that we watch closely is the postoperative atony of the stomach, which in some cases if not recognized is a precursor of acute dilatation of the stomach, or acute gastromesenteric ileus. Any patient who has regurgitation or vomiting on the second day, or one who is restless, worried, or somewhat distended, has a lavage performed. If there is any tendency at all to acute dilatation, the stomach is washed out every three

hours with good hot tap water. We employ all other means possible for retention of the urine other than the catheter. We fear its use and only resort to it when all other methods fail. We have had no postoperative hemorrhages in any of our cases, and I did not see a postoperative hemorrhage in the many hundred cases of hysterectomy that I took care of at Rochester. The lock suture in the broad ligament is certainly a safer method than that of mass ligatures.

Two of our patients developed acute obstruction of the bowels due to a loop of the small intestine becoming adherent to the cervical stump. This occurred when we were using the carbolic acid and alcohol treatment of the cervical stump. It is my belief that sloughing occurred which caused these adhesions. Both of these patients were operated on early during the obstruction; one recovered and one died. Our plan now is to mop off the cervical stump with a weak bichlorid solution.

In the past seven and one-half years we have performed 551 operations of hysterectomy. Out of this number 374 were supravaginal hysterectomies, 63 were complete or panhysterectomies, and 114 were vaginal hysterectomies. We have had eight deaths, or a mortality of 1.4 per cent.

In the series of 374 supravaginal hysterectomies there were three deaths—two from acute intestinal obstruction and one from acute dilatation of the stomach.

Among the 114 vaginal hysterectomies there were three deaths—one from general peritonitis, one from pulmonary embolism two weeks after operation, and one from postoperative ileus.

Of the sixty-three panhysterectomies there were two deaths—one from pneumonia and one from peritonitis.

Excluding the one unavoidable death from pulmonary embolism the operative mortality for the series is 1.2 per cent.

#### DISCUSSION

DR. J. Y. WELBORN, Evansville, Ind.: Dr. Guthrie mentions the fact that he uses no cathartic before operation. My associate, Dr. Edwin Walker, in 1906 made the first report on such a proposition. We have practiced it ever since. To give no cathartic before an operation is just as valuable as our other work in watching the blood pressure, etc., because instead of depleting our patient the night before the operation, as we would by the use of cathartics, we are trying by the use of the Murphy drip and salines to keep up the circulation. We not only leave off the cathartic, but we give a nor-



mal amount of fluid up to a short time before the operation. I think I can recall witnessing some deaths of patients who died from apparent shock or some other cause soon after the operation, just because they had been depleted and their power of resistance taken away. A long experience in not using a cathartic makes me believe that the practice is a very important factor in providing safeguards for our operative patients.

DR. DONALD GUTHRIE, Sayre, Pa.: I wish the operating surgeons here would try the three things I have advocated. In the first place, the preparation of the patient before operation—not to deplete them with purges, but to make them as comfortable as possible the night before, allowing them warm liquids in the morning.

2. Those who operate on pelvic cases I hope will try the Trendelenberg type of anesthesia, and notice the small amount of the small intestine that is in the pelvis when the abdomen is opened. I wish they would then compare this method with the one usually employed, of putting the patient to sleep in the dorsal position, opening the abdomen, and then putting the patient in the Trendelenberg position. We all know that handling the small intestine produces shock. This can be demonstrated in the animal. If a dog is anesthetized and the small intestine roughly handled, without doing anything else, symptoms of severe shock can be produced.

3. In the postoperative care of the patients to keep them just as comfortable as possible by frequent doses of morphin, and not to use the usual postoperative purge.

---

## THE SOLDIER'S HEART \*

GEORGE S. BOND, M.D.  
INDIANAPOLIS

In a very short time many of us will begin again to examine recruits coming under the new selective service act. These will present different problems from the groups just concluded, being either younger boys, with evidence of immature development, or older men in whom the stresses and ills of life have begun to show their effects. Therefore I feel that this is a good opportunity to review some of the points in cardiac examinations that have been suggested by the work of the past.

It has been my privilege to watch the operation of several draft examining boards, and also to observe the hearts of recruits in the regular camp examinations. In most instances the work

has been well done and any errors that resulted were due to the necessity of quick judgment rather than lack of care. However, certain errors do arise that might be avoided. Two factors have contributed to this and should be emphasized to correct the work of the future.

1. The customary method of examining the heart is not sufficiently searching to detect many conditions which when the applicant has been sent overseas may result in a cardiovascular breakdown. In the majority of instances the examiner only places the stethoscope over the precordia and listens to the heart sounds. It seems perfectly obvious that this is not sufficient to judge whether that heart is capable of standing the stresses incident to modern warfare. Yet that is the way it is very often done. We are all well aware that many of our patients, bedridden from cardiac decompensation, show surprisingly few changes in the heart sounds. Therefore how can one expect, in an apparently normal man, to make such a long range prediction concerning a heart's function from the presence or absence of modifications in the cardiac sounds. The minimum that should be done is carrying out completely the selective service regulations: (1) location of apex beat, as the quickest way to detect cardiac enlargement to the left; (2) the character of the heart sounds and murmurs; (3) percussion and observation of the base of the heart at the sternum; (4) observing the effect of vigorous exercise on both the pulse and heart signs. If done systematically this requires very little more time than the single examination with the stethoscope.

2. The attitude of the examiner toward the applicant. Many have not attained the military viewpoint in this respect. We are accustomed, in civil practice, to examine our patient for his own benefit. In case there is any indecision on our part we are influenced largely by the needs of the patient. The examination of a soldier must be from an entirely different standpoint. To use an example which is fitting, the examiner for a draft board must have much the same attitude as the buyer of cattle, because that is what it amounts to in the last analysis. The applicant's preference must not exert any subconscious influence. It is simply a question of whether the man's physical condition will warrant the price in money and time to be paid, both by the United States and by the applicant himself.

The applicants come to these draft boards in three groups: (1) those with obvious cardiovascular lesions; (2) the obscure organic

---

\* Read at the Indianapolis Session of the Indiana State Medical Association, September, 1918.

cardiovascular lesion, and (3) the group with cardiovascular symptoms but no cardiac lesion.

The first of these groups does not require much discussion, for the simple reason that if there is an unquestionable lesion which renders that heart incapable of the activities of civil life, the man is rejected.

In the second group, however, are a large number of cases in which you have signs in the heart which are plainly manifest, and yet the question arises whether they are sufficient to disqualify the man. This probably presents most often in the cases where the cardiac condition is of long standing. The selective service regulations outline this briefly but allow a great margin to the judgment of the examiner. Mistakes may be made in two ways, either overlooking a serious potential lesion, or laying too much stress on a purely functional condition. I had an opportunity to observe the latter fact in examining recruits which had been previously examined by another board. Their arrangement made it necessary to exercise the applicant before he reached the cardiac examiner. I was surprised to find the number of cardiorespiratory murmurs which were put down as serious. In examining men, especially after exercise, a murmur may be heard over the entire chest, and very often distinctly in the back, which is synchronous with the heart sounds, systolic in time and blowing in character. It is very frequent, especially in the strong, athletic type of individual with large chest expansion. This murmur does not have its origin in the heart, but is produced by currents of air drawn into the adjacent lung, by the tug of the heart in its contraction. It sounds like a cardiac murmur in many respects but with one exception. The murmur will change with the phases of respiration. It is heard loudly usually during deep inspiration, and usually disappearing entirely during expiration. Also the murmur will change its site during the phase of respiration. At the point in the lungs where it may be heard very loudly at one phase it will disappear in the other phase and be present at another point. This is because it depends on a definite ratio of air passing into certain regions of the lungs. This is the murmur, however, which is frequently mistaken for a cardiac murmur.

Another type is the systolic murmur at the apex, particularly in a young man lying down. It is not associated with enlargement of the heart, nor accentuation of the pulmonary second sound. It is purely a functional murmur, has no pathology and no significance as to the ability of the applicant to do work.

Of the true cardiac lesions I think the one which is most often overlooked is that of mitral stenosis. A rather striking example of this came out in the cases referred to the cardiovascular boards for study. In the routine examination of recruits there were very few mitral stenosis cases referred. After the tuberculosis boards began work in the camps then the cases of mitral stenosis began to come to the cardiovascular boards. Why was that? For the simple reason that mitral stenosis produces pulmonary symptoms and most of these cases were referred for pulmonary tuberculosis. No indications of tuberculosis could be found and then the signs of mitral stenosis were discovered. The rumbling murmur which occurs in mitral stenosis is overlooked largely because of its character. This differs entirely from the blowing murmur which one is used to associating with a cardiac lesion. Therefore this rumbling, thunder-like murmur is usually thought to be some sound outside of the heart and the condition overlooked. The murmur may not be present at all, and the diagnosis suspected on two other points, a loud, short, snapping first sound, associated with a pulmonic second which is materially accentuated, should warn one to examine more carefully for mitral stenosis.

As to the question of determining a man's fitness with a cardiac condition, much must be left to the examiner's judgment in the individual case. In the armies abroad many instances of selected organic lesions have stood the test of prolonged activity under severe stresses. On the other hand, many old organic lesions have shown up which were never suspected until subjected to this supreme test. In this respect it must be remembered that there is nothing that the applicant has experienced in civil life that can compare with that of warfare. Therefore because he has shown no symptoms up to this time, that does not offer sufficient proof that he is a good risk. The entire mental and physical status of the applicant must be considered along with the cardiac condition. Then, after watching the effect of extreme and prolonged exercise on the cardiovascular system, one is in a better position to pass judgment.

The third group is represented in a type of cardiovascular case which had developed abroad, to which has been given the term, "soldier's heart." It is not new to the present war. De Costa and others found it in the Civil War, and it has been present in practically



every conflict since that time. In the present war the statistics as to the frequency of this condition vary. The Germans early said they saw practically none. Later the English statistics, on the contrary, show that at least 90 per cent. of men invalided home for cardiovascular disease are of this type. There have been several names applied to it, the last of which is neurocirculatory asthenia. This is not, however, with the idea of defining any pathology or cause, but simply a descriptive term of the circulatory symptoms. Neurocirculatory asthenia is a pure neurosis, although the symptoms and signs are entirely cardiovascular. This condition is nothing new or confined to the life of the soldier. It is a condition which is seen in civil life and is only emphasized by the stress of war. Furthermore, most of the men who develop this cardiac condition have had evidence of it to some extent in civil life. This bears out what Dr. Patrick has just told us. These conditions may be produced in civil life, but are more likely to be brought out by severe strains and stresses of warfare.

The main symptoms of this condition are three: precordial pain, shortness of breath, and increase of heart rate; exactly the symptoms one would expect from an infectious endocardiac involvement. There are certain features, however, in which they differ. The pain may be typically anginal in character, coming on in attacks, often associated with a vise-like gripping of the chest, and even the fear of impending death. At other times it is a continuous dull pain in the region of the heart. One is surprised, however, that it bears so little relation to exercise. True angina usually follows immediately after periods of active physical or mental stress. The pain of this cardio-neurosis often develops when the patient is inactive, when he is lying quietly in bed, though it may come after exercise. Occasionally it may be relieved even by the patient actively moving about, which is much different from a true angina. Shortness of breath is a very common symptom, and this is exaggerated on exercise. It is often strikingly out of proportion to what one would expect even in a true cardiac case. The climbing of one or two steps often brings on severe dyspnea, whereas in very far advanced cardiac trouble it is more in proportion to the amount of exercise taken.

The heart rate is constantly rapid. While it may be normal when the patients is lying down, the least effort will increase it. Tachycardia ranging up to 160 to 180 per minute is frequently noted. One of the striking character-

istics in this condition, however, is the instability of the pulse rate. It fluctuates to extremes with almost any effort or mental emotion. In passing I might say that the mental state is just as important as the physical. Recalling the incidents through which these soldiers have passed is oftentimes sufficient to bring on the whole train of cardiac symptoms.

In addition to these three symptoms these cases may show an actual enlargement of the heart with many times a systolic murmur at the apex. Cyanosis and edema of the ankles may be a frequent accompaniment. These patients are obviously neurotic, as evidenced by the muscular tremors, extreme exhaustion, unstable vasomotor responses, and disturbed mental state.

In studying the cause of this condition several types of cases may be seen. The constitutional type, in which the individuals show they have suffered from the same condition in the past. These men will come before the draft boards with a tachycardia, especially on excitement or on a little exertion, with a history of other vague cardiac symptoms and a general nervous instability. Then you have the type which follows on shock, either mental or physical. This develops after a man has been buried or from the shock of a high-explosive shell, or after he has seen a comrade's death. In civil life it is seen often after some continued stress, such as a serious sickness in the family, or attempting a task for which the individual is incapable. Another type develops usually after infection. A man has tonsillitis, an attack of rheumatic fever, dysentery or trench fever, and shortly after this, in the convalescent stage, he may develop this typical cardiac syndrome. Some of these cases have had a previous thyroid disturbance, and the other glands of the endocrine system must be considered.

These cases, while they show no organic cardiac manifestations, have been found to make poor soldiers. In fact, just as much so as if they suffered from a true organic heart lesion. They usually recover from the immediate signs of the neurosis. Some can go back to active duty, some to limited duty; but they are subject to further manifestation of the same condition. Therefore we should carefully endeavor to weed out this class before sending them overseas, since there will be some evidence of it at the time of examination. Consequently, we have not only the organic cardiac conditions to deal with in our examinations, but must consider the entire cardiovascular system and its relation to the man himself.



# **THE JOURNAL**

OF THE

## **INDIANA STATE MEDICAL ASSOCIATION**

Devoted to the Interests of the Medical Profession of Indiana

Office of Publication, 406 West Berry St., Ft. Wayne, Ind.

MARCH 15, 1919

### **EDITORIALS**

#### **THE WASSERMANN TEST AND ITS APPLICATION**

Perhaps no scientific discovery from a medical point of view is more valuable than the Wassermann test for the diagnosis and as a control of the treatment of syphilis. There is, however, a great deal of misunderstanding and confusion among some of the members of the medical profession regarding the exact value and limitations of the test, though much of this misunderstanding rests on the shoulders of laboratory workers, for too often the performance of the test has been delegated to poorly trained or careless assistants, and the results obtained have been erroneous and unsatisfactory. There is, therefore, good reasons for submitting material for the Wassermann test to well qualified serologists if reliable results are to be obtained.

A standard technic for the test is much to be desired, but all efforts in this direction have failed, owing largely to the difficulty in securing a standard antigen, so at the present time several methods of performing the test are in use, all of which are reliable in the hands of experienced serologists. But aside from the reagents employed and the manner of their employment there are certain factors which have a very marked influence on the results of the test, and which should be understood by physicians using this valuable diagnostic measure: These factors, as given by Craig\* in his recent work from which we quote liberally, are as follows: The influence of the ingestion of alcohol; the influence of certain bacteria in the blood serum; and variations in the amount of complement inhibiting substances in the blood serum to be tested.

Experiments that have been confirmed by many investigators have shown that alcohol may render inert the substance or substances in the

blood serum of syphilitics which react with lipoids in the antigenic extracts, and thus a strongly positive serum may give a negative result. For this to occur alcohol must be taken in considerable quantity and probably within twenty-four hours, or at most three days before the test is made; but it must be remembered that smaller amounts of alcohol may render weak reactions negative, so that cases which should present a single plus reaction will often react negatively after even moderate amounts of alcoholic liquors have been ingested. It follows, therefore, that a negative Wassermann reaction after the ingestion of alcoholic liquors possesses no value whatever, and an immense amount of harm doubtless has been done by lack of care in ascertaining whether patients have indulged in such liquors within a short time before the blood was collected.

Observations and experiments also have shown that anticomplementary substances are sometimes developed in human blood sera that have been standing varying lengths of time, thus causing inhibition of hemolysis in both the tubes containing antigen and in the control tubes used in the Wassermann test. Some of these anticomplementary bodies are produced by the growth of bacteria in the blood sera to be tested, and not only will certain bacteria produce anticomplementary bodies that cause inhibition of hemolysis in both the antigen and control tubes of the test, but certain species also possess the power of causing inhibition of hemolysis in the antigen tube alone, thus giving rise to a nonspecific reaction in the sera containing them. The fact that under certain conditions such common bacteria as staphylococci and streptococci, when growing in normal blood serum, may give rise to a positive Wassermann reaction is of great practical importance, and one might conclude from these experiments that only fresh blood serum should be used in making complement fixation tests. However, if proper precautions are taken in the collection of specimens there is no danger of bacterial contamination, and Craig states that unless such contamination occurs a positive result will not be obtained in normal serum even when kept for a considerable period of time. However, he emphasizes the importance of collecting specimens for the Wassermann test under aseptic precautions.

Another observation that is worthy of serious consideration is the one that proves that marked

\* The Wassermann Test, Craig, C. V. Mosby Co., 1918.

daily variations occur in the strength of the complement fixation in the blood of syphilitics even when uninfluenced by any kind of treatment. These variations may occur from day to day, so that one negative result or even more in a suspected case is of no value in excluding the disease. Craig even cites a number of cases in which the blood serum of a known syphilitic if tested on certain days only gave a negative or practically negative result although the serum from the same case had been positive previously and again became positive within a day or two following the negative result. If this be true of untreated cases, some of them showing severe lesions of the disease, it certainly will be found true of a greater number of latent and treated infections, the class of cases in which a negative Wassermann is so often considered decisive as to the absence of the disease.

The results of these tests indicate the great value of repeated examinations when a negative Wassermann is reported before a patient is considered as cured, or before he is assured that he is not suffering from syphilitic infection. Also, Craig calls attention to the importance of these results in explaining the discrepancies in Wassermann reports from various laboratories where specimens of blood from the same individual were examined at different times, for it is evident that unless the same specimens of blood be examined no reliable conclusions can be drawn regarding the reports of different laboratories, a fact that should be borne in mind when it is desired to obtain a report from more than one laboratory on a suspected individual.

As to the specificity of the Wassermann reaction, Craig says that while it must be admitted that the Wassermann reaction is not absolutely specific in syphilis, for positive results have sometimes been observed in other diseases, the fact remains that a positive reaction with this test indicates syphilis in so large a proportion of individuals giving it that the practical value of the reaction in the diagnosis of syphilis is hardly at all decreased by the comparatively few instances in which such a result is obtained in other conditions. In fact the statement is made that any serologist who reports any considerable number of positive reactions with the Wassermann test in diseases other than syphilis proclaims that his technic is poor, for if properly performed this test will give positive results in very few nonsyphilitic conditions.

Formerly the opinion prevailed that the Wassermann test frequently is positive in scarlet fever, but the recent work of investigators proves conclusively that when a positive reaction does occur in scarlet fever the child is syphilitic or syphilis cannot be excluded. It also has been thought that tuberculosis gave a considerable portion of positive reactions, but here again it is shown that such reports are absolutely unreliable and prove that the method of performing the test must have been faulty. In fact Craig, who has tested hundreds of cases of tuberculosis, states that while a few have shown a positive reaction, syphilis could not be excluded in any of the positive cases, and the majority of the patients admitted the infection. On the other hand, it is quite generally recognized that positive reactions do occur in subjects suffering from malarial infection. However, the microscopic examination of the blood should suffice to diagnose malarial infections, so that the occurrence of a positive Wassermann reaction should cause no trouble in the diagnosis of the disease. If the reaction persists after the disappearance of the fever and plasmodia, the diagnosis of syphilis should be made, for all investigators report that the positive reaction in malaria is only temporary in character. Positive reactions have been reported in relapsing fever, diabetes, and in some cases suffering from acidosis, but Craig emphatically states that the number of positive reactions occurring in diseases other than syphilis, if the test has been performed properly, are so small as to be of practically no importance from a diagnostic standpoint. When it is remembered how difficult it is to absolutely exclude a syphilitic infection in any individual, and the comparatively few instances in which the Wassermann test gives a positive result in diseases other than syphilis, one should accept with great caution the report of positive reactions in such diseases, for the experience of those who have worked with this test for years and in hundreds and thousands of cases has been that a positive reaction in the overwhelming majority of instances demonstrates the presence of syphilis. The substance or substances that cause a positive Wassermann reaction appear to be practically peculiar to the blood serum of patients suffering from syphilitic infection, and while it cannot be claimed that the test when positive is absolutely specific of syphilis, from a practical standpoint it is doubtful if a more specific test is applied in medicine,



the margin of error appearing to be less than five-tenths of 1 per cent.

There still remains some misconception in the minds of some practitioners concerning the exact significance that can be attached to the positive or negative Wassermann test. Many patients have been told that they were free from syphilis, the statement being based on a single negative result with the Wassermann test, while others have been told that they were suffering from the disease on the strength of a plus or questionable reaction in the absence of either a history of infection or of any symptoms of the disease. Such interpretations of the results of the Wassermann test are unwarranted and have brought the test into disrepute in certain localities. In addition, innocent individuals have suffered great mental anguish from being unjustly stigmatized as afflicted with syphilis, and others have been infected by those who have been told by some careless or ignorant practitioner that they were free from the disease.

Craig believes that only three terms should be used in reporting the results of a Wassermann test, i. e., positive, doubtful, and negative, leaving it to the clinician to decide how much weight should be attached to any grade of the reaction which is reported as doubtful, and which, in the army would mean any degree of the reaction less than complete inhibition of hemolysis. While there is no doubt that many cases of syphilis react weakly consistently, especially in the early and late latent stages, never presenting complete inhibition of hemolysis, Craig believes that all cases showing less than complete inhibition should be reported as doubtful, and the interpretation of the reaction left with the clinician. Of course, if there is a clear history of infection and typical clinical signs are present, the doubtful reaction would at once, in the opinion of the clinician, be considered as positive and as supporting the diagnosis of syphilis; but if, on the other hand, there was no history of infection and no symptoms are present, a doubtful Wassermann reaction is not sufficient proof on which to base a diagnosis of syphilitic disease. As a general proposition a positive reaction means the presence somewhere in the body of living treponemas and that the question of history or symptoms should have no influence in deciding the advisability of treatment. In reality it is the doubtful cases that later furnish the great bulk of our patients suffering from paresis, tabes, aortitis, aneurism and syphilitic disease of the viscera, the latter often discovered only at necropsy.

In the primary stage of syphilis the weaker grades of reaction are of most value from a diagnostic standpoint. A negative reaction in the primary stage of syphilis is of no value whatever in eliminating syphilis for it is known that at least 10 per cent. of patients suffering from primary syphilis will give a negative reaction, and from the fact that there has not been sufficient time for the development of the complement binding substance in the blood. Material from suspicious lesions should be examined with a dark field apparatus for *treponema pallidum*.

In the secondary stage of syphilis a positive result is obtained in 95 to 96 per cent. of all cases, so that in this stage of syphilis the Wassermann test may be stated to be almost always confirmatory of the clinical findings. However, the mere absence of a positive reaction is not proof that the patient is not suffering from the disease.

In the tertiary stage of syphilis, when definite tertiary lesions are present, the Wassermann test gives as high a percentage of positive results as in the secondary stage, but there are many cases tested in this stage in which the symptoms are atypical or only slightly suspicious, or in which the nervous system alone is involved which give weak or negative reactions. In many of these cases, also, specific treatment has been administered and although not successful in preventing the development of lesions it may have reduced markedly the strength of the Wassermann reaction.

In discussing the question of the Wassermann test as a control of the treatment of syphilis, Craig takes occasion to call attention to the worthlessness of sodium cacodylate, which at one time was announced as almost an equal to salvarsan in the treatment of syphilis. He also pays his respects to the old fashioned mercurial treatment by stating that it has been his experience that it is only in very rare instances that permanent negative results are obtained from treatment with mercury alone, no matter how it is administered or in what dosage, though to this statement many experienced clinicians will take exception. By inference he indicates that the treatment of choice should be salvarsan, the intravenous administration of which, if persisted in, will bring about the maximum number of negative Wassermann reactions and the minimum number of relapses.

Craig winds up his excellent book with the statement that in no case can it be stated that



the syphilitic patient has been given the best that it is possible for medical science to give him, either in the way of diagnosis or treatment, if a thorough examination of the cerebrospinal fluid has been omitted, and this examination should become as much of a routine in the diagnosis of syphilis as the Wassermann test on the blood serum.

### THE UNSANITARY AND UNHEALTHFUL TOOTH BRUSH

At the risk of offending a horde of manufacturers who have the purely commercial aspect of the proposition in view, we desire to protest against the use of the tooth brush as ordinarily employed. We know that some of the most progressive dentists are condemning the ordinary tooth brush, and it probably is safe to say that that toilet article, considered so necessary by all intelligent persons, has been responsible for more diseases of the mouth and teeth than it ever has prevented. As a matter of cleanliness and as an aid to the health of the teeth and mouth, some method of removing debris of various kinds is essential, and an antiseptic mouth wash is highly acceptable as well as beneficial. But the average tooth brush, with its stiff and sharp bristles, not only produces unnecessary and injurious trauma, but as ordinarily cared for is a filthy, insanitary and unhealthful article. Even the very soft tooth brushes—the least objectionable of all and the hardest to obtain—are, when hanging on a nail or lying quietly in the open tooth-brush receptacle, not only collectors of dust and dirt of every description, but the very lack of cleanliness or sterilization after use is a breeder of all sorts of bacteria and pathogenic organisms. We are under the impression that somewhere we have seen a rubber brush, with fine rubber projections, to take the place of bristles, stiff enough to dislodge particles of food, but blunt and soft enough to be free from the possibility of injuring the tissues, and, above everything else, capable of being kept sterile. It seems to us that such an article would answer the purpose, and yet be free from the objections of the ordinary tooth brush, and especially so when supplemented by the use of mild antiseptic mouth washes which at all times are a valuable adjunct in maintaining mouth cleanliness. At all event, some method of maintaining cleanliness of the teeth and mouth should take the place of the ordinary use of the insanitary and unhealthful tooth brush.

### AMERICAN AUTOCRACY

When we study the social, political and industrial conditions of other countries we are disposed to throw up our hats and yell, "Hurrah for the U. S. A.," and yet when we begin to analyze conditions in this country we begin to think that we better not shout too soon nor too loud, for we are fast approaching the position occupied by some of the countries that we are prone to think are worse off than we are. We are told that we fought on European soil to make this country safe for democracy. Judging from the way things are going, and the power that is controlling our destinies at present, we were fighting—to quote President Wilson's story of the Indian—"to make this country safe for the Democratic party." At all events, the German Kaiser never had as much power as has been conferred upon or assumed by the executive arm of our government. Furthermore, the House and Senate apparently have ceased to functionate and our American autocracy, granted as a war measure, threatens to be a permanent institution. Both branches of Congress voluntarily passed to the executive (on request) all the power of the government, supposedly needed for the proper conduct of the war, and never in this country and not in Europe in the past fifty years has such power been concentrated in the hands of a single branch of government, but it was not intended nor can it be deemed anything but dangerous to continue that autocratic power when the occasion for it has passed.

Those who are at present in power have saddled this country with the greatest loadstone it has ever carried in the way of government control of railroads, express, mail, telegraph and telephones, and it now aims to control the manufacture and distribution of food products. Aside from the fact that the country never has experienced such expensive as well as poor transportation, shipping, telegraph and telephone service, it has been saddled with a government monopoly that will prove to be the greatest political "grab" for hungry politicians that the world has ever seen, and, like most things of that kind, it is bound to be inefficient and expensive.

The war that apparently has just ended brought out many "bone-head" stunts, but none that promises greater disaster than the one that fastens on the country the idea that government ownership under the control of the executive branch of our government is a panacea for any

of our ills. Government ownership never has and never will prove to be the success that the same industry would prove to be under private ownership but possibly under government regulation fixed by Congress. We boast of our mail service, and yet it can be shown that our mail service could be vastly improved and conducted at a great saving in operation if it was under private control and operated entirely free from politics and the spoil system which is an inevitable accompaniment of politics. As a matter of fact, this country is bordering too much on the paternalistic plan of government, and our boasted freedom is beginning to suffer constriction in various directions.

We wonder just how long the people will stand for so many new wrinkles which interfere or do away with some of the rights and privileges we enjoyed during prewar days, and which from our childhood days we have been taught to love and cherish. We also wonder what those boys who are coming back from the cantonments and from France are going to do about the new order of things, and how they are going to feel about the extravagances, the inefficiencies and mismanagement that went with some of the war programs in which those boys had a hand in carrying out. Those boys who have been serving their country overseas and have not seen a penny of pay for six or eight months, how do they feel about their government's fair deal; and what do those boys think of the efficiency of a postoffice department that permits hundreds of tons of mail to be undelivered; and how do the sorrowing mothers and fathers who have lost sons in battle feel toward a government that suppresses casualty lists from two to four months and even longer. Verily, there is such a thing as getting too much paternalism, too much bureaucracy and too much autocracy.

A government that takes so much power from the people and their representatives is courting disaster and should mend its ways. The surest way of getting this government to mend its ways is to make a change in the personnel of those who wield the destinies of the country. Let us have representatives in every department at Washington, from the executive down, who, irrespective of party affiliations, will get away from this paternalistic plan of government which is being followed at present and away from the tendency to distort the principles of government to satisfy the craving of a few for sociological experiments.

## EDITORIAL NOTES

DEAR DOCTOR:

THE JOURNAL and the Cooperative Medical Advertising Bureau of Chicago maintain a Service Department to answer inquiries from you about pharmaceuticals, surgical instruments and other manufactured products, such as soaps, clothing, automobiles, etc., which you may need in your home, office, sanitarium or hospital.

We invite and urge you to use this Service.

It is absolutely FREE to you.

The Cooperative Bureau is equipped with catalogues and price lists of manufacturers, and can supply you information by return mail.

Perhaps you want a certain kind of instrument which is not advertised in THE JOURNAL, and do not know where to secure it; or do not know where to obtain some automobile supplies you need. This Service Bureau will give you the information.

Whenever possible, the goods will be advertised in our pages; but if they are not, we urge you to ask THE JOURNAL about them, or write direct to the Cooperative Medical Advertising Bureau, 535 N. Dearborn St., Chicago, Illinois.

We want THE JOURNAL to serve YOU.

In these troublesome times, when everything costs more than ever before, and THE JOURNAL contends with the conditions as they exist, we feel disposed to ask our readers to help themselves by patronizing the advertisers, and in that way help the advertisers and indirectly THE JOURNAL. We are carrying no objectionable advertising, and our advertising patrons are worthy of the confidence and the patronage of our readers.

It is very evident that a lot of doctors in Indiana, former members of county medical societies and the State Medical Association are loosing out in some of the benefits derived from medical society membership through neglect in paying medical society dues. They not only fail to receive protection from the medical defense feature of the State Association, and fail to receive THE JOURNAL, but they automatically loose membership in the A. M. A., and in fact generally put themselves down as slackers. Isn't it time for some of the county medical society officers to get busy and try and get some of the delinquents to pay up and once more become members in good standing of local medical organizations?

DESPITE the war, with so many doctors engaged in military service, and the unusual amount of professional work brought about as a direct result of the influenza epidemic there really is no good reason why medical societies should cease to functionate as is the case with a very large number of the county medical societies of Indiana. We venture to say that, busy as they are, the majority of doctors could find time to attend a medical society meeting at least once a month, even if not oftener, and probably would welcome the chance if someone would take the initiative in calling a meeting and seeing that a program was provided. We



realize that things have been very unsettled for a year or more, but there really is no excuse for defaulting entirely on this medical society question; and some once-prominent medical societies are numbered among the offenders.

---

ALTHOUGH the all-time health officer's law was defeated by the Indiana legislature, yet this same legislature has retrieved itself by making liberal appropriations for public health work. On February 24 four new divisions were created in the State Board of Health, with proper appropriations, as follows: Division of Tuberculosis, appropriation \$10,000; Division of Rural Hygiene, appropriation \$25,000; Division of Venereal Diseases, appropriation \$29,000. In addition to the above, \$5,000 was appropriated for publishing and distributing annually 30,000 copies of the Indiana Mothers' Baby Book. All of these appropriations were in addition to the appropriations heretofore given for the various divisions, five in number.

---

A NEW and quick-acting anesthetic has been brought out by Capt. Arthur E. Guedel of Indianapolis, consulting anesthetist with Base Hospital No. 36 at Vittel, France. It is prepared by a mixture of 86 c.c. of ether, 23 c.c. of ethyl chlorid, and 2 c.c. of chloroform, of which a dose of from 22 to 30 c.c. is given to each patient. It is inhaled by a specially prepared mask which covers the head. The rapidity with which this anesthetic takes effect and the absence of any marked after effects makes the discovery an exceedingly valuable one, and Captain Guedel already has received the approval and congratulations of his superior officers for his discovery.

---

THE note in the February number of THE JOURNAL to the effect that numerous doctors returning from military service were making inquiry concerning new locations, and requesting that physicians who knew of openings any place in this state advise this office concerning the same has brought forth some responses. Among the locations offered are the following: Unopposed country practice in the town of Stendal, Pike County; Dr. J. H. Stork only physician in a radius of seven to ten miles, desires to retire; \$2,000 to \$3,000 per year cash practice in the town of Holland, Dubois County, property consisting of house, office, barn and lot 119 by 130 feet, offered by Dr. W. F. Rust for \$1,400. The practice and property of the

late Dr. Paul Cramer at Cedar Grove, in a splendid community, with a 7-room residence property, 3-room office, stock of medicines, etc. For particulars regarding this latter address Mrs. Gertrude Cramer, 12th Street, Brookville, Indiana.

---

It is surprising how many doctors are about thirty to fifty years behind the times, and they seemingly never do anything to get themselves out of the rut they are in. We yet find doctors, supposedly intelligent, who doubt the efficacy of diphtheria antitoxin, who try to treat enlarged tonsils and adenoid tissue in children by local measures, or even advise that the child will outgrow such abnormalities, and who still cling to the fossilized idea that every patient who has a pain in the back is suffering from "kidney trouble." It is about time for such fossils to be driven out of reputable medical societies if they happen—as some do—to hold membership in such societies as a mere matter of form, without ever putting in an appearance at meetings. Fortunately the public is beginning to recognize the fossils, and the reputable medical men owe it to themselves as well as to the public to teach the laymen to shun the man who has no other ideas than prevailed at the time of hoop skirts and the tallow dip.

---

THERE probably is not one doctor in the United States who is not subject to the income tax. It is well, therefore, to appreciate the necessity for making a report as to income with the collector of internal revenue in the district in which the physician lives on or before March 15. Failure to make a report as well as failure to make a report on time is subject to heavy penalty. Also, there is a heavy penalty for making fraudulent returns. The normal rate of tax upon income for the year 1918, and payable March 15, 1919, is 6 per cent. on the first \$4,000 of net income above exemptions, and 12 per cent. of the net income in excess of \$4,000. Incomes in excess of \$5,000 are subject also to a surtax ranging from 1 per cent. of the amount of the net income between \$5,000 and \$6,000 to 65 per cent. of the net income above \$1,000,000. The exemptions are \$1,000 for unmarried and \$2,000 for married persons, together with all actual expenses in maintaining the vocation in which the person is engaged. There is also a further exemption of \$200 for each dependent person if such person is under 18 years of age and incapable of self support.

THE last week in November the Indiana State Board of Health, under frank of the U. S. Public Health Service, sent out 6,000 postal cards requesting information concerning malaria from the doctors of the state. The report from that Department, giving the results of the inquiry show that 12.57 per cent. of replies were received. Four counties were not heard from. It is rather mortifying that so many physicians in Indiana are not enough interested in statistics and medical interests to make replies in such an important investigation as this one, and especially when it cost them nothing, and required but a very little time to fill out a card. The report of the results is as follows: Cards mailed, 6,000; cards returned unclaimed, out of practice, etc., 19; replies received, 752. Percentage of replies received, 12.5; counties represented in replies, 88; counties not heard from, 4; towns or cities represented in replies, 360; cases of malaria reported, white 78, colored 2, total 80; types of infection, tertian 40, quartan 1, estivo-autumnal 9; cases confirmed microscopically, tertian 3, quartan 1, estivo-autumnal 2.

BOLSHEVISM in the United States is growing if we can believe the signs. It is a serious menace. We are surprised to know that there are some medical men who entertain such revolutionary ideas. One of our medical acquaintances, known to be short on initiative and indifferent to progress, has expressed himself as desirous of seeing an upheaval in the United States that will result in a redistribution of the wealth of this country so that, as he says, "every man will have his share." In reality, it is the drones in any country that act as a disturbing element. No matter what happens they always will be disturbers, and the time is past when we should look upon them with pity. They should be made to understand that liberty does not mean license. If they will not bear their share of the burden in the support of our institutions then they should be either deported or interned. The United States, a land of opportunity and already giving too much freedom of action and thought, is no place for the man without initiative and who has no other idea than to get without giving in return.

SUDDEN death following the initial dose of antitoxin in the treatment of a well-marked case of diphtheria is evidence that anaphylaxis, even though relatively rare, is a factor to be reckoned with. However, death from anaphylaxis, as rare as it is, should in no sense be considered a contra-indication to the use of anti-

toxin. But there is a feature about anaphylaxis which is well worth considering, and that is the danger of administering antitoxin to patients who anywhere from eight to fifteen days previously have had a dose of antitoxin for prophylactic purposes. For instance, if prophylactic doses of antitoxin are given to a number of children in a family where a case of diphtheria has developed, and later on any one of the children who have had the prophylactic treatment develops diphtheria, there comes a serious question as to whether antitoxin should be administered in view of the possibility of anaphylaxis being a dangerous factor. In reality, in many instances it might be perfectly safe to go ahead with the treatment, but it has been rather conclusively proven that in such instances the possibility of anaphylaxis being a factor to be reckoned with is very greatly increased.

THE next Liberty Loan, or, as some choose to call it, the Victory Loan, will be difficult to "put over" if all indications point in the right direction. Not only have a majority of the people of this country invested about all they can invest in Liberty Bonds, but they are beginning to feel that what they have invested has not been spent wisely. There can be no doubt about the wastefulness that has been a prominent feature of numerous enterprises connected with the war program, yet the fact remains that the war has been won, the United States was the deciding factor in bringing about victory, and our boys to the number of nearly five million must be returned home from France or from the cantonments in this country, and the final wind-up of affairs will require more funds which the government must raise through the sale of bonds. What the people should understand and appreciate is that it is far better to buy bonds which bear interest, and the principal of which will return in due season, than to have the government get the money by increased direct taxation with all of its oppression and odious effects. Therefore, "Buy Bonds to the Limit," will be as much of a slogan during the coming Victory Loan campaign as it was during any of the Liberty Loan campaigns during the period of the war.

THE Indiana legislature again has killed the all-time health officer's bill. Nine states now have all-time health officers, and Indiana is not even in the procession. We suppose finally Indiana will catch up with this advance in civilization, but not until the people send more men who *think* to the legislature. One of the main



opponents of the all-time health officer's bill this time was a representative who it is said had a grudge against Secretary Hurty because of enforcement of the law in connection with the removal of a noisome, foul-smelling slaughter house which existed at the edge of a certain little Indiana city; said representative being the attorney who defended the case. While this disgruntled attorney was one of the principal opponents to the bill, yet the shame of it is that the bill did not have the support of members of the medical profession in the legislature who should know what a measure of this sort would mean to public health and should have given it their most zealous support. It has been demonstrated in other states that all-time health officers have been the means of preventing much sickness and saving hundreds of lives, yet such excellent work is denied Indiana because law was enforced, and because some members of the medical profession are so narrow minded or lack backbone enough to stand for advanced legislation of this sort.

A MOVEMENT is on foot to place all of the doctors in England under government employ and thus give the people, rich and poor alike, the privilege of having medical and surgical services free of charge. It is suggested that the British medical profession be placed in three classes from the standpoint of remuneration, the first class to receive per year \$7,500, the second class \$5,000, and the third class \$2,500. All physicians accepted for government service must present a certain standard of fitness, and after being accepted by the government will be afforded opportunities for advancement. Now comes an announcement from some of the lay publications in the United States to the effect that a similar proposition should receive consideration here. We hardly think that such a plan would be accepted, much less worked out satisfactorily. In the first place it would mean the wiping out, to a very large extent of many incomes that have been established by ability, enterprise and perseverance covering many years of effort, and in the second place it would in a sense do away with that incentive which now makes it incumbent upon physicians to do the best possible as a direct result of the competitive system.

There are, of course, many advantages connected with state medicine, and there should be some means adopted whereby the worthy poor in every community may be given medical and surgical attention by competent and well trained physicians. There is, however, no good and

sufficient reason why private practices should be done away with, and it is not likely that even the people would approve of any such innovations. The pendulum seems to be swinging toward a movement for government control of almost everything, but there is good reason to believe that if some of the propositions that have been put forward are carried out the results will be disastrous. There are some things that look all right in theory but are very poor when put into practice, and making every person an automaton or piece of machinery with limited function is not conducive to that progress and development which the world needs.

---

### DEATHS

L. B. COSBY, M.D., of Cynthiana, died February 5; aged 84 years.

JOHN R. TUTTLE, M.D., of Wheeling, died February 21; aged 61 years.

J. M. W. LANGSDALE, M.D., of Florence, died January 28, aged 71 years.

WILLIAM A. SMITH, M.D., of Grammer, died February 8 at the Eastman Hospital, Indianapolis, aged 54 years.

HARVEY C. THOMAS, M.D., former practicing physician of Kokomo, died January 30 at his home in Indianapolis, age 46 years.

THEOPHILUS E. BIERY, M.D., of Scottsburg died February 6, age 78 years. Dr. Biery graduated from the Detroit Medical College, class of 1869.

WILLIAM W. MEDLEY, M.D., of Terre Haute, died February 7 at St. Anthony's Hospital; age 40 years. Dr. Medley graduated in medicine from the Toronto University in 1905.

ROBERT B. JESSUP, M.D., of Vincennes, ended his own life in a Cincinnati hotel on March 4. He was 60 years of age, and a graduate of the Bellevue Hospital Medical College, class of 1883.

EUGENE C. THOMPSON, M.D., formerly of Liberty, Indiana, died January 30 at the Methodist Hospital, Indianapolis; age 70 years. Dr. Thompson graduated from the Hahnemann Medical College and Hospital, Philadelphia, in 1870.

CHARLES LOOMIS, M.D., former physician of Florence and Vevay, died recently in a base hospital in Germany, according to report received. Dr. Loomis was 50 years of age.

JOSEPH GARDNER, M.D., of Bedford, died March 4, aged 85 years. Dr. Gardner graduated from the Medical Department of the University of Louisville in 1861, and was a veteran of the Civil War and the Spanish-American War, in both of which he served as surgeon.

JARVIS HOWES, M.D., of Sellersburg, was instantly killed on March 4 when his automobile was struck by a B. & O. passenger train at Watson. He was 58 years of age. Dr. Howes graduated in medicine from the Kentucky University, Medical Department, in 1903, was a member of the Clark County Medical Society, the Indiana State Medical Association and the American Medical Association.

ANDREW S. DICKEY, M.D., Tipton, died February 23 from acute indigestion, aged 68 years. Dr. Dickey graduated in medicine from the Central College of Physicians and Surgeons, Indianapolis, in 1881, and had practiced medicine at Tipton for forty-five years. He was a member of the Tipton County Medical Society, the Indiana State Medical Association, the American Medical Association, and the Mississippi Valley Medical Association. He also was serving his county as health commissioner.

SAMUEL S. WASHBURN, M.D., died February 4 at his home in Lafayette from acute nephritis; aged 80 years. Dr. Washburn was born in Rushville, in 1839; graduated in medicine from the University of Louisville, Kentucky, in 1861, and served as assistant army physician in the Civil War. He had practiced medicine in Lafayette for forty-four years, and at the time of his death was a member of the city board of health. He was a member of the Tippecanoe County Medical Society, and the Indiana State Medical Association.

HENRY W. SHIRLEY, M.D., died January 28 at his home in Shoals, aged 77 years. Dr. Shirley was born in Orange County, Indiana, in 1842, graduated from the Medical College of Ohio, Cincinnati, in 1878, and had practiced medicine at Shoals for forty-seven years. At the time of his death he was serving his country as secretary of the board of health. He was a member of the Martin County Medical Society, the Indiana State Medical Association, and the American Medical Association.

## NEWS NOTES AND PERSONALS

Anything in the line of physicians' supplies or equipment may be obtained from advertisers in *The Journal of the Indiana State Medical Association*. Patronize these advertisers for it means a continuance of their advertising patronage, and the latter means a larger and better Journal for you.

### GENERAL

DR. JAMES CARTER of Indianapolis was married February 8 to Miss Eunice Roper of Hobart.

DR. JOHN E. LUZADDER of Bloomington has been selected secretary of the City Board of Health.

DR. E. V. GREEN has leased the Barnard Sanitarium at Martinsville and taken complete charge of same.

DR. and MRS. FRANK FOXWORTHY of Indianapolis have returned from an extended visit in Florida and Cuba.

THE epidemic of influenza cost the Metropolitan Life Insurance Company over \$18,000,000 in claims last year.

CAPT. W. R. DAVIDSON of Evansville sends greetings from Tours, France, where he is located on military duty.

DR. C. C. ROZELLE, recently discharged from military service, has returned to LaGrange for the practice of medicine.

DR. A. M. HETHERINGTON and wife of Indianapolis left March 4 for Florida where they will spend the remainder of the month.

CAPT. SAMUEL O. LEAK of Indianapolis, who has been stationed at Camp Merritt, N. J., has received his discharge and returned home.

DR. GEORGE B. MORRIS of Petroleum, recently returned from military service, has removed to Bluffton to engage in the practice of medicine.

DR. CHAS. S. ALBERTSON, formerly of South Whitley, has removed to Laud where he will be associated in the practice of medicine with Dr. S. R. White.

DR. BERNARD J. LARKIN of Indianapolis, who for the past year has been connected with the eye department of the Surgeon-General's office, Washington, has received his discharge and returned to Indianapolis.



MAJOR JOHN W. SLUSS of Indianapolis has received his discharge from military duty at Camp Cody, N. M., and returned to his practice at Indianapolis.

MAJOR E. D. WALES of Indianapolis, who has been in charge of head surgery in the base hospital at Camp Custer, has returned home and resumed his practice.

WORD has been received from Dr. Samuel C. Murphy of Warsaw, who has been in France for several months, to the effect that he has been promoted to the rank of captain.

THE Johns Hopkins University is the recipient of a gift of \$400,000 for the erection of a building at the Johns Hopkins Hospital to serve as a women's clinic.

DR. and MRS. FRED H. BATMAN of Bloomington have returned home from a vacation trip to New Orleans. Part of the time was spent in attending clinics at Chicago.

LIEUT. HOMER G. HAMER of Indianapolis has been transferred from Camp Pike, Ark., to Long Island, New York. He spent a brief time in Indianapolis enroute to Long Island.

CAPT. FLETCHER HODGES of Indianapolis has received honorable discharge from military duty at Camp McClellan, Ala., and resumed his practice in the Hume-Mansur Building.

MAJOR J. B. FATTIC of Anderson, who recently returned from service in England with Hospital Unit 1, has received word that he has been promoted to the rank of lieutenant-colonel.

A CLINIC has been established at East Chicago, for the Calumet District, by the United States Public Health Service, for the fight against venereal disease. A full-time health officer has been placed in charge.

DR. JOHN S. HICKMAN, formerly associated with Dr. C. E. Caylor at Pennville in the practice of medicine, and but recently discharged from military service, has returned to Pennville for the practice of his profession.

DRS. JAMES WILSON, G. M. LASALLE and F. M. WHISLER of Wabash, and Dr. Z. M. Beaman of North Manchester, have formed the Wabash Clinic and united their practices on March 1. Dr. Beaman and family have moved to Wabash.

A FREE tuberculosis clinic for colored people, to be known as the Indianapolis Free Tuberculosis Clinic, branch No. 1, has been established at the Flanner House, Indianapolis. Dr. H. L. Hummons is the physician in charge.

DR. LEON E. WHETSELL of Bloomington, recently returned from military service at Camp Funston, Kan., has opened a sanatorium at Walnut and Seventh Streets, that city, for the treatment of chronic disease, and diagnoses.

DR. M. H. KREBS of Huntington has received notice of his promotion to the rank of lieutenant-colonel, the papers being dated November 5. Dr. Krebs recently has been discharged from military duty and returned to civilian practice.

THE Phi Chi Medical Fraternity gave a banquet on March 1 for the men who took the state examinations in February. Dr. Alfred Henry acted as toastmaster, and Dr. O. G. Pfaff and Dr. Peter J. Birmingham were among the speakers.

LIEUT.-COL. F. A. TUCKER of Noblesville has returned from France, where he has been in charge of base hospital No. 51, near Verdun, since last August. Dr. Tucker expects an early discharge from military duty and will return to civilian practice.

DR. ALOIS B. GRAHAM, Indianapolis, who has had a most interesting experience in military service the past seventeen months, has resumed civilian practice, and opened offices in the Willoughby Building, 224 North Meridian Street, Indianapolis.

DR. ERVIN WRIGHT of Huntington left February 5 for St. Louis, Mo., where he will take post-graduate work in diseases of the eye, ear, nose and throat, and later will go to Rolla, Mo., where he will be associated with three other physicians in special practice.

CAPT. JAMES B. LITTLE of Indianapolis, who has been in service in England and France, wounded and returned to the United States January 4, has been transferred from Fort Sheridan to the orthopedics department of the hospital at Fort Benjamin Harrison.

THE Methodist-Episcopal Hospital Board of Indianapolis is planning to erect, equip and operate a \$250,000 hospital at Gary on a site which has been given by the Gary Land Company. The board hopes to have the hospital in operation by Christmas time of this year.

DR. NOAH ZEHR of Fort Wayne left the first of February for Johns Hopkins University, Baltimore, Md., where he is taking a post-graduate course for six months. Dr. Zehr's duties as police surgeon are being cared for by Dr. Lyman K. Rawles, recently returned from military service.

---

DR. ERIC A. CRULL of Fort Wayne has been appointed director of the Allen County Tuberculosis Hospital, Fort Wayne. Dr. Crull, with the rank of captain, is still in military service, having charge of a big army tuberculosis hospital in the East, but expects to receive his discharge in the near future.

---

DR. HERBERT E. WOODBURY of Indianapolis has returned from Baltimore, Md., where he spent three months in post-graduate work at Johns Hopkins University. He will resume practice in Indianapolis, associating himself with Drs. E. J. Brennan and James A. Moag, 500 Hume-Mansur Building.

---

THE Fountain-Warren Medical Society met at Attica February 6 and elected the following officers for the coming year: President, Dr. E. W. Kirk, Veedersburg; vice-president, Dr. A. C. Holley, Attica; secretary, Dr. A. M. Sullivan, Attica; censors, Drs. A. L. Spinning, R. Stephenson and F. S. Cuthbert.

---

A LETTER from Lieut. Arthur J. Whallon of Richmond states that he is now in Bonn, Germany, with the army of occupation, doing the "Watch on the Rhine." He says that the country is beautiful, the cities are fine, and that the Rhine is a wonderfully beautiful river. He is hoping to be demobilized soon, and return home.

---

DR. ROYAL S. COPELAND and other experts are making elaborate tests of a new local anesthetic, the discovery of Dr. David I. Macht, head of the pharmacological department of Johns Hopkins University. The new anesthetic said to be forty times less toxic than cocain, is a byproduct of alcohol, known as benzyl alcohol, or phenmethylo.

---

A BILL was introduced in the House to provide that all whiskey and similar liquors confiscated by officers during raids on places violating the liquor laws shall be turned over to the authorities in control of hospitals in the counties where such liquor is confiscated. The bill was prepared by Drs. Orval Smiley, D. A. Anderson, and Mr. H. B. Dynes.

HOUSE BILL No. 94, to improve the standard of pharmacists in Indiana by establishing preliminary educational requirements before the student may enter a school of pharmacy was passed January 30. The bill requires two years in high school, or their equivalent, prior to entry upon a course in pharmacy, and it sets forth the number of hours required of a reputable school of pharmacy.

---

THE Council of National Defense requests that every physician cooperate with the council in their efforts to complete the records by returning the questionnaires which they have received. If through an oversight they have failed to receive a copy, they are requested to write to the Medical Section of the Council of National Defense, Washington, D. C., for copies.

---

MAJOR CHARLES D. HUMES of Indianapolis has returned from military service in France and resumed his practice with offices at 707 Hume-Mansur Building. He announces that his practice is limited to neurology and neurological surgery, and that he has no connection with any private hospital or sanitarium.

---

THE Duffey senate bill, changing the name of the Indiana State Tuberculosis Hospital to Indiana State Tuberculosis Sanatorium, providing for a bipartisan board of four instead of the present board of two from one party and one from the other, and placing the institution under the supervision of the State Board of Health, was passed by the Senate on February 25.

---

COL. EDMUND D. CLARK of Indianapolis, until recently in command of base hospital No. 32 in France, arrived in the United States the latter part of February, proceeding to Camp Dix, N. J., from where he received his honorable discharge, returning to Indianapolis and resuming civilian practice. Mrs. Clark and daughter met Colonel Clark in New York upon his arrival in port.

---

DR. JOHN N. HURTY of Indianapolis, secretary of the State Board of Health, has been made a fellow and awarded a life membership in the American Pharmaceutical Association. This is the third time Dr. Hurty has received a fellowship in a national organization. The other two are the American Medical Association and the American Association for the Advancement of Science.



THE joint centenary of the Methodist Episcopal Church announces the establishment of a medical department under the direction of the board of foreign missions to guard health efficiency of its missionary workers. Dr. John G. Vaughan, formerly of Nanchang, China, is executive secretary of the new department, with temporary offices at the headquarters of the Missionary Centenary, 111 Fifth Avenue, New York City.

---

DR. J. N. HURTY, secretary of the Indiana State Board of Health, was called by the Oklahoma legislature to appear before a joint session and explain and outline his plan and methods for the suppression of social diseases. Dr. Hurty also addressed the National Council of Education at its annual meeting in Chicago on February 25, and spoke on "Cooperation of Health Officers in the Health work of Schools" at Columbia University, New York, recently.

---

THE seventy-second annual meeting of the Ohio State Medical Association will be held in Columbus, on Tuesday, Wednesday and Thursday, May 6, 7 and 8, under the presidency of Dr. E. O. Smith of Cincinnati. Among the interesting features of the meeting will be the scientific exhibits of the State Department of Health, the Ohio Board of Administration, the Ohio School for the Blind, and the National Society for the Control of Cancer.

---

TRAVELING medical quacks have been operating in various communities of the state, charging large sums of money for bogus operations, medical treatment, medicines, etc. One Jonas Fishel, age 75, near Hope, was visited by two traveling "physicians" who operated one of his eyes, removing (?) a growth, and charging \$275 for the operation. Shortly after their departure the man suffered a stroke, probably due to the drug used "to deaden the pain" in the operation, and died a few days later.

---

MAJOR CHARLES D. HUMES of Indianapolis, after more than a year's service in France, has returned to the United States, and spent a ten days' furlough in Indianapolis in February. Except for three months and a half spent at Base Hospital 8 at Savenay, France, Major Humes has been the neurological consultant for the hospital center comprising Base Hospitals 31, 32, 23 and 36, with headquarters at Vittel. During the remainder of his time in military service he will be engaged entirely with neurological and reconstruction work.

---

THE Harris house bill providing for an annual license fee of two dollars for physicians to create a working fund for the state board of medical registration and examination was passed by the House on March 4. The bill also fixes the fees for prosecuting attorneys in cases under the medical practice laws at \$25 and provides for a fine of \$100 to \$500 instead of \$25 to \$100. The bill received the opposition of the chiropractors for the reason that they claimed exemption from the fee and maintained that the bill should be amended to exempt them; but their protest failed; and the motion to amend was lost.

---

A JOINT influenza committee has recently been created to study the epidemic and to make comparable, so far as possible, the influenza data gathered by the government department. The members of the committee, as designated by Surgeon-General Ireland of the Army, Surgeon-General Braisted of the Navy, Surgeon-General Blue of the Public Health Service, and the director of the census, are: Dr. William H. Davis, chairman, and Mr. C. S. Sloane, representing the Bureau of Census; Dr. Wade H. Frost and Mr. Edgar Sydenstricker of the Public Health Service; Col. D. C. Howard, Col. F. F. Russell and Lieut.-Col. A. G. Love, U. S. Army; Lieut.-Com. J. R. Phelps and Surgeon Carroll Fox, U. S. Navy.

---

MISS CHARLOTTE A. AIKENS of New York, editor of the Trained Nurse and Hospital Review, has been engaged to make a tour of the Argentine Republic, Uruguay, Chile, Bolivia and Peru, to study the conditions which prevail there and the needs of the field for hospitals. After her report has been received, the number and location of the hospitals and health stations to be established in the five republics as a part of the centenary program of the Methodist-Episcopal Church will be announced. There is at present not one hospital in the entire South American continent under the direction of any American Mission Board, and there is just one union dispensary in Rio de Janeiro. By interdenominational agreement the contemplated hospitals are placed under the supervision of the Methodist Episcopal Church, which is raising \$120,000,000 for world upbuilding and the extension of missionary work.

---

A BILL of special interest to physicians has been introduced in the Kansas legislature by Dr. Lydia Allen DeVilbiss, an Indiana woman now director of the Division of Child Hygiene

of the Kansas State Board of health. The bill provides that any physician, nurse, midwife or other attendant upon the birth of a child born out of lawful wedlock shall, under penalty of misdemeanor, report the fact in writing within ten days to the Juvenile Court; whereupon it becomes the duty of the Court to institute inquiry proceedings. In this manner the responsibility for establishing the parenthood of a child born out of lawful wedlock is shifted from the girl-mother to the State of Kansas. Should a judge find a man to be the father of the child, he is charged with the same responsibility for the maintenance, education and care as is now imposed or shall in the future be imposed upon a father of a child born in lawful wedlock of like age and capacity.

DURING February the following articles were accepted by the Council on Pharmacy and Chemistry for inclusion with New and Non-official Remedies:

Non-proprietary articles: Biologically reactive food proteins.

Merck and Co.: Tannin Albuminate Exsiccated-Merck.

E. R. Squibb and Sons: Cow's Milk Allergens-Squibb; Egg Allergens-Squibb; Wheat Allergens-Squibb.

Takamine Laboratory: Neoarsaminol, 0.15 gm. tubes; Neoarsaminol, 0.3 gm. tubes; Neoarsaminol, 0.45 gm. tubes; Neoarsaminol, 0.6 gm. tubes; Neoarsaminol, 0.75 gm. tubes; Neoarsaminol, 0.9 gm. tubes.

THE American Board for Ophthalmic Examinations will hold its next, or fifth, examination at the Wills Eye Hospital, Philadelphia, Friday and Saturday, June 6 and 7, 1919. The Board is composed of representatives of the American Ophthalmological Society, the Section on Ophthalmology of the American Medical Association, and the Academy of Ophthalmology and Otolaryngology. By arrangement with the American College of Surgeons the board has become the ophthalmic credentials committee of the college, and conducts the examinations of the ophthalmic candidates for fellowship in the college. For a certificate of this board, the examination in ophthalmology consists of case records, written examinations, and clinical laboratory and oral examinations, or so much thereof as may be judged necessary. For full information address the secretary, Dr. William H. Wilder, 122 South Michigan Avenue, Chicago.

TRIBUTE is paid to the work of Capt. Arthur E. Guedel, of Indianapolis, consulting anesthetist with base hospital No. 36, at Vittel, France, in a report made public by Col. B. R. Shurly, the commanding officer, copy of which was received at the United States Army hospital at West Baden. The report describes the conditions of the wounded brought in, many of whom demanded immediate surgical attention, mentions the handicap to their work due to after effects of anesthetics on patients, and concludes as follows: "In this stress Captain Guedel brought out a new and quick anesthetic. It was prepared by a mixture of ether, ethyl chloride and chloroform—86 c.c. of ether, 23 c.c. of ethyl chloride, 2 c.c. of chloroform, of which a dose of from 22 to 30 c.c. was given each patient. It was inhaled by a specially prepared mask, which covered the head. The rapidity with which this anesthetic took effect, and the absence of any marked after effects were extremely valuable, and we are greatly indebted to this important discovery for the record which was established." From Dec. 8, 1917, until Dec. 8, 1918, base hospital No. 36, the report indicated, took care of 15,097 cases, and out of this number of casualties there were but 134 deaths, sixty of which were due to pneumonia.

## SOCIETY PROCEEDINGS

### INDIANAPOLIS MEDICAL SOCIETY

Washington Hotel, Jan. 28, 1919

Meeting of the Indianapolis Medical Society was called to order Jan. 28, 1919, by the president, Dr. C. F. Neu.

Minutes of the previous meeting were read and approved.

By a vote of the Society, Dr. J. H. Payne was taken from the active membership and placed on the honorary roll.

Dr. Jane Ketcham read a paper on the "Care of Premature Infants." Abstract follows:

Premature children classified according to weight: 1½ to 2 pounds shows 6 months utero-gestation; 2¼ to 4 pounds shows 7 months utero-gestation; 4½ to 5 pounds shows 8 months utero-gestation.

In the care of premature children everything must be done to maintain body temperature. This is done by partly closed incubators and external heat. It is very important to avoid chilling the child when it is first delivered. The child must be kept in an incubator or with external heat until it can maintain its body temperature. This may take until the child is several months old but vigilance should not be relaxed. It is equally important to maintain the body fluids. It is recommended to secure a wet nurse as soon as possible after delivery and not to wait for the maternal milk to come in. Feeding may be accom-



plished by the Breck feeder or feeding milk into an open nipple in the child's mouth, or better still, by the use of a stomach tube. A more satisfactory amount can be ingested by the stomach tube which means that a longer interval may be maintained between feedings. The child should not be chilled or exhausted in the process of taking nourishment. The easy fatigability of the muscles of respiration render the child apneic. This must be prevented by avoiding too prolonged handling. The fluids may also be kept up by proctoclysis of glucose solution. Cyanosis is a great danger to the child and may come up without any explainable cause and should be combated by the hypodermatic use of oxygen. No definite occasion for death is found in premature children at necropsy. There seems to be clinically a gradual decline of body temperature and respiratory failure.

Overhandling the child is the worst thing that can be done for it and too much zeal in this direction is reprehensible. Constant attention is demanded.

Dr. S. E. Earp read a paper on "Some Deductions from Medical Advisory Board Work."

#### ABSTRACT

Dr. S. E. Earp reviewed the work of Medical Advisory Board No. 56, Division No. 1. The total number of examinations made, 2,067; passed for full military service, 1,086; special service, 403; disqualified, 494. Remedial cases, known as Class B, 84.

It must be borne in mind that these registrants were referred from local boards when a doubt existed.

Such examinations, including those of local boards, gave an approximate idea of the physical condition of the young men of the United States. There were too many cases of uncured syphilis. Some untreated, others had followed an alleged treatment of unskilled persons and a great many had not followed the directions of physicians and discontinued treatment. Poverty was no excuse because all worthy poor persons can get treatment by salvarsan and by skilled doctors at the dispensary of the medical school.

Sixty were rejected on account of heart disease and several times as many we put in limited service where they could be of some use to the government. Perhaps a strenuous life might have been partly responsible but there predominated as a cause, syphilis, oral affections, diseased tonsils and rheumatism.

There were 26 cases of deformity; mental deficiency, 17; epilepsy, 12, as cause for rejection. There were 48 cases of pulmonary tuberculosis in its various stages, yet all were at work and spreading disease.

There is an argument in favor of thorough school inspection: One hundred and ten persons with bad eyes, twenty-three with purulent otitis media or deafness, and yet many eyes could be benefited by glasses and were placed in a special class. While those with simple goiter were accepted, yet twenty-three were rejected on account of toxic goiter.

The tachycardias required a very careful study, not so much the purely nervous cases as the thyroid complications. In many of these cases it was impossible to determine except by functional tests or during a process of training.

It was found that a sound heart could have a murmur, thus verifying the position taken by MacKenzie. The neurocirculatory cases gave much solicitude. Mental and nervous symptoms were studied carefully and we profited by the history of cases at the various camps. We concluded that men with nervous instability, that is, persons who gave a history

of being unable to stand the strain of ordinary excitement, men who had no force of control, perhaps with parents of the same type, emotional to the extreme, and men whose general appearance would give a suspicion of being psychopathic, these I say, were studied carefully while under observation and as a rule rejected or placed in Class C. Later developments have been an endorsement of our course. Such men as I have described would never make good soldiers and on the contrary would be a burden to the government.

In discussion, Dr. Burckhardt said Dr. Ketcham's paper showed keen preparation and great care, it is such as these who save lives. He warned against chilling a child immediately after delivery. A feeding child is too weak to nurse and effort should not be directed this way. The new born does not get air to alveola and in these cases oxygen should be given subcutaneously.

The use of the incubator has been simplified since the use of electric apparatus. He requires two incubators for each child, so that proper cleanliness may be had without exposing child.

Success in these cases depends on minutest care on part of the nurse and the physician.

Dr. Carter called attention to hot water burns and warned against carelessness in handling them.

He complimented the advisory boards of the state for the fine work they have done.

Dr. Thomas Dugan and Dr. J. R. Eastman related interesting incidents connected with board work.

Meeting adjourned. Attendance 34.

#### Washington Hotel, Feb. 11, 1919

The meeting of the Indianapolis Medical Society was called to order by the president, Dr. C. F. Neu. Minutes of the previous meeting were read and approved.

Dr. Max Bahr read a paper on "A Case of Endothelioma of the Brain" and another on "Prepsychotic Manifestations in Dementia Praecox."

Abstract follows:

#### PREPSYCHOTIC MANIFESTATIONS IN DEMENTIA PRAECOX

Insanity is not one disease but rather a large number of diseases or disorders which differ widely not only in their manifestations but in their causes; so that in everything which refers to practical dealing with and prevention we have to follow quite different principles in the different kinds of diseases.

In the organic mental diseases the early manifestations are much more an integral part of the disease as they indicate the beginning of the actual breakdown. On the other hand, in cases of dementia praecox we find in a great majority of cases in early childhood, at the age of puberty, or adolescence or later, certain peculiarities of character, certain defects of self-management which we must regard as danger signals, and which should be taken much more seriously than is commonly the case.

In these cases there exists a relationship between the mental characteristics of the individual before a definite psychosis is manifested and the psychosis itself, and the psychosis is merely a continuation or further development of a somewhat peculiar make up of the individual. In these cases the make up of the individual is really the genesis of the disease, and in these cases we are dealing with a faulty development or

with defects of adaptation which often present themselves long before the development of the psychosis.

We find in the original endowment in these cases a lack of sound instincts in one or more directions, tendencies to develop unhealthy attitudes and habits and to show in the development that the maturity-reaction is not keeping pace with the years. Adult trends are either late and inadequate or fail to materialize at all. Juvenile, even infantile characteristics, survive long after they should have disappeared in the normal evolution of the personality and present the picture of evolutionary arrest which is so characteristic of dementia praecox.

Two particular types are most frequently encountered, the backward type and the precocious type.

In the backward type the patient usually attracts attention during their early history by the lack of progress in school. They are not ambitious, they display no spirit of enthusiasm. Some of them make the impression of being simple, dull and lazy.

In the precocious type, one of the striking early characteristics is associated with school life, but contrasts greatly with what we find in the foregoing type. The histories indicate that these patients as children, or in the early reaction of maturity, are considered exceptional in mental ability. They are older than their years, bookish, not given to childish pleasures, overserious and dignified, proper, prudish or pious, the model children of the neighborhood. In the end, however, as the affections of maturity become crystallized as habits, they offer actual asocial barriers between the precocious member of this group and their more ordinary or normal associates.

The one fundamental feature underlying all the various pictures which are presented by patients suffering from dementia praecox seems to be a disturbance in interest. By this is meant that the individual is incapable of showing that interest in conditions and events which had been present in health. Individuals who deteriorate in this manner are undoubtedly to be found in large numbers among the dependent class of the community. Chronic loafers, beggars, vagrants, poor house inmates and many individuals with reformatory and prison records. The various views as to the basis of this peculiar personality is still largely speculative. The appearance in childhood of signs of this peculiar shut-in personality is probably a very deep rooted tendency and in fact what we call the deterioration in these cases, to a great extent is nothing more than a "growing inward," a tendency to ignore the external world, a living apart without further interests in the affairs of life.

The study of these cases of dementia praecox leads us to look on the psychosis as an attempt at readjustment, the patient reaching out, as it were, to find some sort of satisfaction or compromise for the conflicts with which the personality has to deal. Thus, we find the delusions and hallucinations with wish fulfillments, compensations, defence reactions, etc.

All treatment, even that with medicine, consists in the applications of two principles, namely, training and rest.

Several cases were reported.

In discussion Dr. Sterne said even grossly demented patients will in some way indicate the presence of headache. Dilatations of the ventricles is accompanied by choked disk.

Dr. Bahr's case showed the extreme toleration of slow growing brain tumors.

Dr. Hadley complimented Dr. Bahr for presenting this tumor case, especially since the necropsy findings were given, and lamented the fact that more necropsies were not to be had in brain cases. He said the important thing in surgery of brain was to locate the tumor mass and that a number of important things in this class of cases remains to be solved. He mentioned cases of calcareous deposits in the meninges which had been the source of severe headaches and which had been removed surgically.

Dr. Sterne said dementia praecox is of great interest and importance and emphasized the importance of school inspection to the end that the early manifestations might be detected and dealt with. He said the American children are the least trained and, most disobedient of any children of the world. This fact complicates the diagnosis. One cannot tell whether he is dealing with a "smart alec" or a diseased child. There is a distinct lack of ethical training in childhood. In teaching children parents and teachers should always hold to absolute truths and should discard the fanciful things.

Dr. Neu said dementia praecox presented a great many phases that were interesting and instructive and the symptoms begin early in childhood. Parents who propagate this class of children are least equipped to train them. Ninety-five per cent. of these children show early lack of ability to control the emotions and to adapt themselves to the surroundings. Said school inspection should look out for these children and the big problem is to provide proper facilities and training for this class of patients.

State must change its method of treating these children. He said we do not usually appreciate the importance of the sex instinct in the life of us all.

Dr. Henry said he did not believe that the teaching of myths and fairy stories is conducive to the development of dementia praecox. He believed such teaching was necessary to the child's normal and best development.

Dr. Earp recited a case he had years ago of a young lady that manifested dementia praecox symptoms later passing into rapid dementia and death. The necropsy showed a tumor similar to the one presented by the essayist. Dr. Thompson pronounced this tumor one of giant celled sarcoma.

Meeting adjourned. Attendance 33.

DR. A. L. MARSHALL, Secretary-Treasurer.

## MONTGOMERY COUNTY

The Montgomery County Medical Society met at the office of the president, Dr. W. F. Batman, on February 18, with the following members present: J. F. Davidson, H. E. Green, H. W. Sigmond, W. Ewell, F. A. Dennis, W. T. Gott, E. H. Cowan, T. J. Griffith, B. F. Hutchings, T. J. Cooksey and C. B. Kern of Lafayette.

Dr. C. B. Kern of Lafayette explained fully the way to report cases of venereal diseases, and plans to be followed to limit the spreading of the diseases. The talk was interesting and instructive, and the society pledged its cooperation and aid in this progressive movement.

Card was read from Major N. A. Cary, Tours, France, an active member of the Montgomery County Society, stating that his work will keep him in France at least several months longer.

Adjourned.

W. F. BATMAN, President.



## THE TRUTH ABOUT MEDICINES

### NEW AND NONOFFICIAL REMEDIES

Since publication of New and Nonofficial Remedies, 1918, and in addition to those previously reported, the following articles have been accepted by the Council on Pharmacy and Chemistry of the American Medical Association for inclusion with "New and Nonofficial Remedies":

**SULPHOICHTHYOLATE PREPARATIONS.**—Preparations containing as their essential constituents salts or compounds of a mixture of acids containing sulphur and designated by the group name "sulphoichthyolic acid" are manufactured from certain bituminous shales. Sulphoichthyolic acid is characterized by a high sulphur content, the sulphur existing largely in the form of sulphonates, sulphones and sulphides. The ammonium compound of this sulphoichthyolic acid—first introduced as ichthyol—has been used extensively. The current estimate of the therapeutic effects of sulphoichthyolate preparations is based almost entirely on the use of ichthyol. As it is not known to what constituent or constituents of ichthyol such effects as it may have are due, the actions of ichthyol cannot be transferred to similar preparations which differ from ichthyol in their composition. The use of sulphoichthyolate preparations is still largely empirical, and the evidence for their use unsatisfactory.

**ITTIOLO.**—An ammonium sulphoichthyolate preparation manufactured from bituminous shales found in Giffoni Vallepiiana, Italy. Its composition closely resembles that of ichthyol. Since ittiolo closely resembles that of the original ichthyol, it is claimed that its actions and uses are also essentially those of ichthyol. Guiseppe W. Guidi, New York.

**QUININE ETHYL CARBONATE-MERCK.**—First introduced as euquinine. It is almost insoluble in water, and is therefore practically tasteless. Its actions, uses and dosage are essentially those of ordinary quinine salts. Merck and Co., New York (*Jour. A. M. A.*, Feb. 1, 1919, p. 345).

**BIOLOGICALLY REACTIVE FOOD PROTEINS.**—The purified and concentrated proteins of foods. These protein products are used in cases in which persons show a peculiar hypersensitiveness or idiosyncrasy to certain articles of the dietary, both to determine to which food it is due and to immunize the patient against the effects of the food. The test for sensitiveness is made by scarifying the skin and rubbing in the protein to be tested, either dry or in solution. When the production of an urticarial wheal identifies the protein to which a patient is sensitive, the patient is desensitized by administration of gradually increasing amounts of the offending food of the isolated food protein itself.

**COW'S MILK ALLERGENS-SQUIBB.**—A powder representing all the soluble proteins obtained from cow's milk. It is a fine, white, odorless powder, somewhat soluble in water and physiological sodium chloride solution. Cow's milk allergens-Squibb has the actions and uses of Biologically Reactive Food Proteins. E. R. Squibb and Sons, New York.

**EGG ALLERGENS-SQUIBB.**—A powder representing all the soluble proteins contained in hens' eggs. It is a fine, white powder, odorless, somewhat soluble in water and physiological sodium chloride solution. Egg allergens-Squibb has the actions and uses of Biologically Reactive Food Proteins. E. R. Squibb and Sons, New York.

**WHEAT ALLERGENS-SQUIBB.**—A powder representing all the soluble proteins contained in wheat. It is a granular powder nearly white, odorless, somewhat soluble in water and in physiological sodium chloride solution. Wheat allergens-Squibb has the actions and uses of Biologically Reactive Food Proteins. E. R. Squibb and Sons, New York (*Jour. A. M. A.*, Feb. 22, 1919, p. 573).

**BENZYL ALCOHOL.**—While experience alone will tell whether or not the local anesthetic benzyl alcohol or phenmethyol will come up to the expectations of the discoverer of its action, it was deemed of sufficient promise by the Council on Pharmacy and Chemistry to warrant its admission to New and Nonofficial Remedies (*Jour. A. M. A.*, Feb. 22, 1919, p. 594).

### PROPAGANDA FOR REFORM

**B. IODINE AND B. OLEUM IODINE.**—The Council on Pharmacy and Chemistry reports that while B. Iodine (The B. Iodine Chemical Company) is said to be "Nitrogen Hydrate of Iodin" and B. Oleum Iodine, a 5 per cent. solution thereof, the examination made in the A. M. A. Chemical Laboratory indicates that the first is a simple mixture of iodine and ammonium iodid, and the second a solution of iodine in liquid petrolatum. The Council declared these preparations inadmissible to New and Nonofficial Remedies because: (1) The composition of B. Iodine is incorrectly declared. B. Iodine is not a newly discovered iodine compound, but a mixture of iodine and ammonium iodid. B. Oleum Iodine is not a 5 per cent. solution of B. Iodine as suggested by the statement on the label and in the advertising, but an 0.85 per cent. solution of iodine in liquid petrolatum. (2) Since the solution of B. Iodine in water will have the properties of other solutions of iodine made by the aid of iodid, the therapeutic claim made for it is unwarranted. (3) The names "B. Iodine" and "B. Oleum Iodine" are not descriptive of the pharmaceutical mixtures to which they are applied. (4) The preparations are unessential modifications of established articles. The first has no advantage over tincture of iodine or compound solution of iodine, and the second no advantage over extemporaneous solutions of iodine in liquid petrolatum (*Jour. A. M. A.*, Feb. 1, 1919, p. 365).

**MISBRANDED NOSTRUMS.**—The following nostrums were declared misbranded under the Federal Food and Drugs Act because of the false, fraudulent or misleading claims made for them: M. I. S. T. (Murray's Infallible System Tonic); M. I. S. T. No. 2, Nerve Tonic; Imperial Remedy; "Japanese Wild Cherry Cough Syrup"; "Japanese Herb Laxative Compound"; Dr. E. E. Burnside's Purifico No. 1; Dr. E. E. Burnside's Purifico No. 2; Dr. E. E. Burnside's Purifico No. 3; Emerald Oil; Bristol's Sarsaparilla; Dr. Belding's Six Prairie Herbs; Dr. Carter's K. and B. Tea; "Brazilian Balm"; "Renal Tea"; Las-I-Go for Superb Manhood; Blood Tabs; Dr. Miles' Rest rative Nerve; Kilmer's Swamp Root; Homenta; Hinkley's Bone Liniment; Kopp's Baby's Friend; Kopp's; Kopp's Kidney Pills; Reuter's Syrup; Garfield Tea; Di-Col-Q; Sloan's Liniment; Bannermann's Intravenous Solution; Cummings Blood Remedy, and Gile's Germicide (*Jour. A. M. A.*, Feb. 8, 1919, p. 439).

**CERELENE NOT ADMITTED TO N. N. R.**—Cerelene, a paraffin preparation for the treatment of burns, was submitted to the Council on Pharmacy and Chemistry by the Holliday Laboratories with the statement that it was composed of 84 per cent. paraffin, 15 per cent.

(Continued on Adv. p. xviii)



## Surgical Catgut Ligatures

THE Armour processes for preparing Surgical Catgut Ligatures are such that the surgeon's confidence may be safely placed in their strength, smoothness and sterility, three vital points to the operator.

"Death to the bacillus" begins with the green gut and ends only when the final application of heat is given the suture hermetically sealed in a tube.

The Armour Surgical Catgut Ligature, plain and chromic, 60-inch lengths, are supplied in sizes Nos. 000 to 4 inclusive, \$2.50 per dozen.

### A Post-operative Aid to Prevent Gas Pains

**Pituitary Liquid (Armour).** A physiologically standardized isotonic solution of Posterior Pituitary active principle.

*For surgical use, 1cc ampoules. For obstetrical use, ½ cc ampoules*

*We are headquarters for the oronotherapeutic agents*

**ARMOUR AND COMPANY**  
CHICAGO



"It is not so much where one takes the treatment, as how they take it."—Brehmer.

## The Rockhill Sanatorium for the Treatment of Tuberculosis

Beautifully situated on Indian Hill, ten miles from the center of the city

A modern home-like institution with every convenience where the cardinal points of the treatment—rest, fresh air, nutritious food, and peace of mind can be had. Write for booklet.

Artificial Pneumothorax and Tuberculin  
given in suitable cases

City Office 910 Union Central Bldg., CINCINNATI, OHIO

DR. C. S. ROCKHILL  
Medical Director

## CASCARA EFFICIENCY

depends quite as much upon the method by which the pharmaceutical product was made as upon the careful selection, quality and proper "aging" of the cascara bark itself.

For instance:

We make two aromatic fluid extracts:

**F. E. CASCARA AROMATIC U. S. P.**  
(strictly U. S. P.)

**F. E. CASCARA AROMATIC S&D**  
(our own method)

Both from the same quality of cascara bark.

Compare the two clinically—dose for dose—on the same series of cases and note the better results you always obtain from—which do you suppose? **The S&D product.**

Your druggist can supply both for this test.

**Sharp & Dohme**

*Since 1860 Careful Conscientious Chemists*



(Continued from p. 92)

myricyl palmitate state to be purified beeswax, and 1 per cent. purified elemi gum, to which are added oil of eucalyptus, 2 per cent., and betanaphthol, 0.25 per cent. It was stated that on "special order" Cerelene has been made containing oil of eucalyptus and resorcin, oil of eucalyptus and picric acid, and picric acid alone. The Council declared Cerelene inadmissible to New and Nonofficial Remedies because there was no evidence to show that this preparation had any advantage over simple paraffin of low melting point (Paraffin for Films—N. N. R.), because there is no proof that the medicinal ingredients leave the wax when it is used, and because the constituent "myricyl palmitate" has not been accepted for New and Nonofficial Remedies (*Jour. A. M. A.*, Feb. 15, 1919, p. 513).

**BEEF, WINE AND IRON.**—So long as one of the largest mail-order houses in this country continues to sell *Vinum Carnis et Ferri*, N. F. in gallon jugs, the drought from prohibition legislation may not be as noticeable as it might otherwise. Seriously, however, is it not about time for the professions of medicine and pharmacy to heave into the discard such utterly unscientific combinations as "Beef, Wine and Iron" (*Jour. A. M. A.*, Feb. 15, 1919, p. 498)?

**MISBRANDED NOSTRUMS.**—The following nostrums were declared misbranded under the Federal Food and Drugs Act because of the false, fraudulent or misleading claims made for them: Hall's "Texas Wonder"; King's Liver and Kidney Alterative and Blood Cleanser; En-Ar-Co Oil; Lindsey's Improved Blood Searcher; White Eagle's Indian Oil Liniment; Aqua Nova Vita; Brown's New Consumption Remedy; Akoz Ointment; Akoz Rectal Suppositories; Akoz Powder; Akoz Dusting Powder; Akoz Plaster; Akoz Compound; Fenner's Kidney and Backache Remedy, and Wine of Chenstohow (*Jour. A. M. A.*, Feb. 22, 1919, p. 591).

**STYPTICS.**—Ordinary bleeding has a strong tendency to stop spontaneously with the formation of a clot, so that the benefit attributed to a drug that has been used as a hemostatic cannot easily be evaluated. Evidence of the current confusion of cause and effect in relation to local hemostatics has been furnished by P. J. Hanzlik. In general he finds that the local application of vasoconstrictor and astringent agents diminishes or arrests local hemorrhage, while vasodilator and irritating agents (without astringent action) increase local bleeding. The value of the newer thromboplastic agents of the kephalin or tissue extract type is considered as still uncertain. Epinephrin remains as the most efficient and desirable hemostatic agent. Tyramin and pituitary extracts were found efficient, and, unlike epinephrin, they do not increase bleeding later. Astringents were found variably effective, ferric chlorid and tannin standing highest, while alum was disappointing. The vaunted cotarnin salts (stypticin and styptol), antipyrin and emetin were found to increase bleeding on local application (*Jour. A. M. A.*, Feb. 22, 1919, p. 577).

**WILDROOT DANDRUFF AND ECZEMA CURE.**—Dr. Harvey W. Wiley, in his book "1001 Tests," thus characterizes this preparation: "Contains arsenic, and some phenolic body, probably resorcin; perfumed and colored. The trace of alkaloidal material present was too small for identification. Contains 40 per cent. of alcohol, as declared, and less than one-half of 1 per cent. of nonvolatile matter. Claims that it is an herb compound and a positive remedy for eczema and dandruff obviously untenable" (*Jour. A. M. A.*, Feb. 22, 1919, p. 4).



IN the days of pneumonia convalescence, Borden's Malted Milk provides an important article in the diet. By supplying the greatest amount of nourishment in a most digestible and assimilable form, it helps to dispel general languidness and restores normal strength.

Borden's Malted Milk—pure, rich cow's milk malted by an improved process—makes a partially predigested food-drink that is wholesome and upbuilding. Served hot or cold it is especially appealing to the delicate appetite.

Send professional card for sample, analysis and literature.

Malted Milk Department

BORDEN'S CONDENSED MILK CO.  
Borden Building New York

**Borden's  
MALTED  
MILK**

# Stanolind

Reg. U. S. Pat. Off.

# Surgical Wax

A new dressing for burns, granulations and similar lesions.

Manufactured by the Standard Oil Company of Indiana, and guaranteed by them to be free from deleterious matters, and so packed as to insure it against all contamination.

Stanolind Surgical Wax has a sufficiently low melting point so that when fluid the possibility of burning healthy tissue is precluded.

Its correct ductile and plastic features make it adaptable to surface irregularities without breaking.

When properly applied it adheres closely to sound skin, yet separates readily and without pain from denuded surfaces.

Stanolind Surgical Wax when applied in proper thickness maintains a uniform temperature, promoting rapid cell growth, and assisting nature to make repairs quickly.

## Stanolind Petrolatum

*A New, Highly Refined Product*

Vastly superior in color to any other petrolatum heretofore offered.

The Standard Oil Company of Indiana guarantees, without qualification, that no purer, no finer, no more carefully prepared petrolatum can be made.

Stanolind Petrolatum is manufactured in five grades, differing one from the other in color only.

Each color, however, has a definite and fixed place in the requirements

of the medical profession.

"Superla White" Stanolind Petrolatum.

"Ivory White" Stanolind Petrolatum.

"Onyx" Stanolind Petrolatum.

"Topaz" Stanolind Petrolatum.

"Amber" Stanolind Petrolatum.

The Standard Oil Company, because of its comprehensive facilities, is enabled to sell Stanolind Petrolatum at unusually low prices.

## STANDARD OIL COMPANY

(Indiana)

*Manufacturers of Medicinal Products from Petroleum*

910 S. Michigan Avenue

Chicago, U. S. A.



# Chloretone

## A Broadly Serviceable Hypnotic and Sedative

CHLORETONE is used with marked success in the treatment of insomnia. It is extensively employed in asylums, hospitals, etc., for acute mania, periodic mania, senile dementia, the motor excitement of general paresis, and alcoholism. The dose for adults is ten to fifteen grains. Sleep usually follows in one-half to one hour.

In addition to its primary function as a hypnotic, Chloretone has a wide range of therapeutic applicability as a sedative. It is useful in epilepsy, chorea, colic, pertussis, tetanus and other spasmodic affections; gastric ulcer, nausea and vomiting of anesthesia, seasickness, the pains of pregnancy, vomiting of pregnancy, etc.

### SPECIAL ADVANTAGES.

Chloretone induces profound, refreshing slumber.  
It is a sedative to the cerebral, gastric and vomiting centers.  
It is relatively non-toxic.  
It does not disturb the digestive functions.  
It produces no depressing after-effects.  
It is not "habit-forming."



Chloretone has been pronounced the most satisfactory hypnotic and sedative available to the medical profession.

CHLORETONE: Ounce vials.

CHLORETONE CAPSULES: 3-grain, bottles of 100 and 500.

CHLORETONE CAPSULES: 5-grain, bottles of 100 and 500.

## PARKE, DAVIS & CO.

Laboratories: Detroit, Mich., U.S.A.; Walkerville, Ont.; Hounslow, Eng.; Sydney, N. S. W.

Branch Houses and Depots: New York, Chicago, St. Louis, Baltimore, New Orleans, Kansas City, Minneapolis, Seattle, Buffalo, Pittsburgh, Cincinnati, Indianapolis, U.S.A.; London, Eng.; Montreal, Que.; Bombay, India; Petrograd, Russia; Tokio, Japan; Buenos Aires, Argentina; Havana, Cuba.



# THE JOURNAL

OF THE

## Indiana State Medical Association

Owned, Published and Controlled by the Indiana State Medical Association  
ISSUED MONTHLY under the Direction of the Council

VOLUME XII  
NUMBER 4

FORT WAYNE, IND., APRIL 15, 1919

PER YEAR \$1.50  
SINGLE COPY 20 CENTS

### CONTENTS

ORIGINAL ARTICLES		PAGE	SOCIETY PROCEEDINGS		PAGE
The Clinical Significance of Blood in the Urine. H. O. Mertz, M.D., La Porte, Ind.....		93	Indianapolis Medical Society .....		119
A Plea for Prenatal Care. C. O. McCormack, A.B., M.D., Indianapolis .....		98	Delaware-Blackford .....		120
Sarcoma of the Kidney in a Ten Months Old Child. James Y. Welborn, M.D., F.A.C.S., Evansville, Ind.....		105			
EDITORIALS			MISCELLANEOUS		
Sanatorium Treatment of Tuberculosis .....		106	Deaths .....		111
Tobacco Prohibition .....		106	News Notes and Personals .....		111
Editorial Notes .....		107	The Truth about Medicines .....		120
			Book Reviews .....		122

NEXT ANNUAL SESSION, INDIANAPOLIS, SEPT. 24, 25, 26, 1919.

LIST OF OFFICERS AND COMMITTEES ON ADV. PAGE 2.

ENTERED AS SECOND CLASS MATTER, JANUARY 20, 1908, AT THE POSTOFFICE AT FORT WAYNE, INDIANA, UNDER ACT OF CONGRESS OF MARCH 3, 1879. ACCEPTED FOR MAILING AT SPECIAL RATE OF POSTAGE PROVIDED FOR IN SECTION 1103, ACT OF OCTOBER 3, 1917, AUTHORIZED OCTOBER 18, 1918.

## Just off Press

### WHITMAN'S ORTHOPAEDIC SURGERY

*New (6th) Edition*

ORTHOPAEDIC SURGERY is presented in its most comprehensive aspect, as reflected by its literature and by the work of the more important clinics of this and other countries. Military orthopaedics and the early development of practical reconstruction are fully set forth in an exceptionally well-illustrated chapter.

The author emphasizes throughout preventing or correcting deformity—preserving or restoring function. He has taken pains to describe systematic methods of examination that lead to early diagnosis; to explain the significance of the symptoms and physical signs that establish it; to indicate in natural sequence the principles of treatment and to describe simple and direct methods by which these principles may be effectively applied.

You get, in this book, the most recent methods of diagnosis and differential diagnosis; full information on the newly invented appliances and their use and all newer methods of treatment. The technic of all operative procedures, of bone grafting, nerve grafting, tendon and muscle transplantation, surgery of peripheral nerve injuries, etc., is given in detail.

Octavo, 914 pages, with 767 illustrations. By ROYAL WHITMAN, M.D., M.R.C.S., Eng., F.A.C.S., A Director of Military Orthopaedic Teaching, Chairman of the Medical Advisory Board for Orthopaedics in New York City; Associate Surgeon to the Hospital for Ruptured and Crippled; Orthopaedic Surgeon to the Hospital of St. John's Guild; Corresponding Member of the British Orthopaedic Society, etc.

Cloth, \$7.00 net.

### SIMON'S HUMAN INFECTION CARRIERS

*Just Ready*

Just off press—this work covers the all-important topic of Preventive Medicine. How to recognize the carrier, with a detailed description of the laboratory methods involved; the management of the carrier, with the medical or even surgical treatment involved; the occurrence of active and passive carriers; duration of the carrier state; numerical relation between patients and carriers; habitat and virulence of the organisms; mode of infection; concrete examples illustrating the danger of the carrier to others—in other words, everything that medical science can do to prevent spreading of infection.

12mo, 250 pages. By CHARLES E. SIMON, B.A., M.D., Professor of Clinical Pathology, University of Maryland School of Medicine and College of Physicians and Surgeons, Baltimore, Md.

Cloth, \$2.25 net.

PHILADELPHIA  
706—710 Sansom Street

LEA & FEBIGER

NEW YORK  
2 West 45th Street



# THE INDIANA STATE MEDICAL ASSOCIATION

Next Annual Session, Indianapolis, September 24, 25 and 26, 1919

## OFFICERS AND COMMITTEES FOR 1919

President.....W. H. STEMM, North Vernon  
 First Vice-President.....L. L. WHITESIDES, Franklin  
 Second Vice-President.....STEPHEN B. SIMS, Frankfort  
 Third Vice-President.....H. B. HILL, Logansport  
 Secretary-Treasurer.....CHARLES N. COMBS, Terre Haute  
 Executive Secretary, FREDERICK E. SCHORTEMEIER, 314 Hume-Mansur Building, Indianapolis.

## SECTION OFFICERS

Surgical Section—Chairman, Goethe Link; Vice-Chairman, H. K. Bonn; Secretary, H. O. Shafer.  
 Medical Section—Chairman, V. V. Cameron; Vice-Chairman, A. C. Kimberlin; Secretary, Jane Ketcham.  
 Eye, Ear, Nose and Throat Section—Chairman, John R. Newcomb, Indianapolis; Secretary, E. M. Shanklin, Hammond.

## DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION

For one year (term expires December 31, 1919), Charles Stoltz, South Bend; Albert E. Bulson, Jr., Fort Wayne. Alternates, E. E. Evans, Gary; H. B. Hill, Logansport. For two years (term expires December 31, 1920), Joseph Rilus Eastman, Indianapolis. Alternate, Miles F. Porter, Fort Wayne.

## COUNCILORS

Chairman, G. W. H. Kemper, Muncie.

DISTRICT	TERM EXPIRES	DISTRICT	TERM EXPIRES
1st—J. Y. Welborn, Evansville.....	December 31, 1920	7th—T. B. Eastman, Indianapolis.....	December 31, 1920
2d—J. B. Maple, Shelburn.....	December 31, 1918	8th—G. W. H. Kemper, Muncie.....	December 31, 1921
3d—Walter Leach, New Albany .....	December 31, 1919	9th—William R. Moffitt, Lafayette.....	December 31, 1919
4th—A. G. Osterman, Seymour.....	December 31, 1920	10th—E. M. Shanklin, Hammond.....	December 31, 1920
5th—Spencer M. Rice, Terre Haute.....	December 31, 1918	11th—G. G. Eckhart, Marion.....	December 31, 1918
6th—O. J. Gronendyke, Newcastle.....	December 31, 1919	12th—E. E. Morgan, Fort Wayne.....	December 31, 1919
		13th—H. M. Miller, South Bend.....	December 31, 1920

## COMMITTEES

COMMITTEE ON ADMINISTRATION AND MEDICAL DEFENSE—Permanent Members, President (W. H. Stemm, North Vernon) and Editor and Manager of THE JOURNAL, Albert E. Bulson, Jr., Fort Wayne; E. M. Shanklin, Hammond (term expires December 31, 1921); Frank B. Wynn, Indianapolis (term expires December 31, 1920); E. O. Daniels, Marion (term expires December 31, 1919).

COMMITTEE ON SCIENTIFIC WORK—H. O. Shafer, Rochester; Jane Ketcham, Indianapolis; E. M. Shanklin, Hammond; Charles N. Combs, ex-officio, Terre Haute.

COMMITTEE ON CREDENTIALS—George W. Spohn, Elkhart; P. C. Bente, Greensburg; F. E. Schortemeier (executive secretary) Indianapolis.

COMMITTEE ON NECROLOGY—G. W. H. Kemper, Muncie.

COMMITTEE ON PUBLICATION—The Council and A. E. Bulson, Jr., Fort Wayne.

COMMITTEE ON SCIENTIFIC EXHIBIT—B. D. Myers, Bloomington; Bernard Erdman, Indianapolis; A. G. Osterman, Seymour; H. W. McDonald, Newcastle; William A. Thompson, Liberty; A. E. Bulson, Jr., Fort Wayne; F. E. Schortemeier (executive committee) Indianapolis.

### FREE

Sterile  
Specimen  
Containers  
Slides  
Culture  
Media and  
Complete  
Fee Table  
on request

Write or  
Wire

## Clinical Laboratory Analyses

The kind of clinical laboratory work that commands respect

Wassermann and other complement fixation tests ...	\$5.00	Autogenous Vaccines. In single vials or ampules ..	\$5.00
Lange Colloidal Gold test of Spinal fluid .....	\$5.00	Tissue Diagnoses. Frozen section, paraffin or celloidin	\$5.00

ABDERHALDEN PREGNANCY and other  
 Abderhalden reactions.....\$5.00

MILK, FOOD, SANITARY AND TOXOLOGICAL INVESTIGATIONS

Accurate Analyses of All Secretions, Excretions and Body Fluids

ESTABLISHED BY  
 DR. M. HERZOG  
 DR. H. C. SWEANY  
 DR. MEYER D.  
 MOLEDEZKY  
 DIRECTOR

*Laboratory of*  
**PATHOLOGY AND BACTERIOLOGY**  
 THE MOST MODERN EQUIPPED LABORATORIES IN THE U.S.

1130 MARSHALL FIELD ANNEX 25 E. WASHINGTON ST.

PHONE  
 RANDOLPH  
 6552-6553  
 CHICAGO  
 ILL.

# THE JOURNAL

OF THE

## INDIANA STATE MEDICAL ASSOCIATION

DEVOTED TO THE INTERESTS OF THE MEDICAL PROFESSION OF INDIANA

ISSUED MONTHLY under Direction of the Council

ALBERT E. BULSON, Jr., B.S., M.D., Editor and Manager

OFFICE OF PUBLICATION: 406 West Berry Street, FORT WAYNE, INDIANA

VOLUME XII

FORT WAYNE, IND., APRIL 15, 1919

NUMBER 4

### ORIGINAL ARTICLES

#### THE CLINICAL SIGNIFICANCE OF BLOOD IN THE URINE \*

H. O. MERTZ, M.D.

LA PORTE, IND.

We may consider any urinary hemorrhage an expression of a pathological lesion located somewhere along the urinary tract. A survey of my cases determines its source in the following order of frequency: kidney, prostate, bladder cavity and urethra. The most frequent cause was an inflammatory process; second, new growths, and third, various mechanical factors. Any combination of these three processes may be found in one and the same case.

Of the kidney lesions some form of nephritis has been the most frequent disease; pyelitis, or the more frequent pyelonephritis and pyonephrosis, and intermittent hydronephrosis, a finding somewhat at variance with what has generally been accepted as true. Stone in the kidney, tuberculosis of the kidney, and neoplasm of the kidney occupy these relative positions in my cases.

While hemorrhage may be an early symptom in a developing carcinoma of the prostate, it has been not infrequently associated with benign hypertrophy of this organ. I have had one case of very severe hemorrhage from a prostate in which patient there existed a well advanced genital tuberculosis.

The bladder lesions were cystitis, neoplasm and stone in this order. The classification of my cases of cystitis was extremely difficult, as it so frequently was but a result of another

disease. However, after eliminating all secondary cases, there remained many in which the process seemed to be primary.

Inflammation of the urethra, especially when specific in type, may be accompanied by hemorrhage. In tabulating my cases I could not include urethral gonorrheas, as my records fail to note this symptom. New growths of the urethra may give rise to bleeding.

External trauma, when applied to any portion of the urinary tract, may result in urinary hemorrhage. Also the administration of certain drugs, as cantharides, quinin, urotropin, etc., may produce hemorrhage and should be kept in mind.

I have included in my series two cases of renal hemorrhage in which I could determine no cause and which suggested the question of essential hematuria of renal origin, of renal varix, of papillitis with hemorrhage, etc. However, such cases, with an obscure origin, are rare, and such a diagnosis as essential hematuria is becoming less and less justifiable and should not be too eagerly applied to those cases difficult of diagnosis.

This brief review covering a series of one hundred cases of urinary hemorrhage in which some special work had to be done in determining the conditions existing, indicates the order of frequency of the various lesions and their location and is probably a fair index of their occurrence in the average practitioner's hands.

As the significance of the presence of blood in the urine will depend upon the cause and source, making the problem at once one of diagnosis, what conclusions can be drawn from the character of the hemorrhage? The amount of bleeding and its type, whether intermittent or constant, do not indicate the severity of the

\* Read at the Indianapolis Session of the Indiana State Medical Association, September, 1918.



existing lesion. An essentially benign process may be associated with a large amount of urinary hemorrhage; or the reverse may be true, a serious disease may be accompanied by but microscopical blood. Also no reliance can be placed in the cessation of an acute hemorrhage as it is not unusual for this phenomenon to occur, to again make its appearance at a varying interval. While the character of the bleeding, whether bright red or clotted blood is being passed, whether being thoroughly mixed with the urine or occurring otherwise, has been considered of some value as to localizing the process, such data may be very misleading and cause us to formulate erroneous ideas, both as to its cause and origin. From a study of my cases it is evident but little knowledge of a definite, final nature can be gotten from such a study of the hemorrhage itself and other means of differentiation must be employed.

While the history is of first importance, and while oftentimes a differential diagnosis can thus be made, especially when pain is present, there remains a large percentage of cases in which such cannot be done. In speaking of pain and its value in making a urologic diagnosis, in my experience its chief value has been to direct attention to the urogenital system as the cause of our trouble.

With a thorough urine analysis and especially a conscientious employment of the microscope, the many cases of nephritis associated with hemorrhage may be detected. When this fails to disclose the source and cause of the bleeding other means of diagnosis must be employed.

I have most often in the past had my patients radiographed first. When this primary plate showed findings explaining the probable cause of the bleeding—stone, enlarged kidney shadow, etc.—the subsequent management of the case was easy. However, when such an examination was negative I repeatedly found it difficult to get the patient's consent to return and submit to a more extensive examination, especially if the bleeding subsided during the interval, which is not unusual. Because of this, I now employ my renal functional tests, make repeated urine analyses, make my stains of the sediment, etc., first, and, having thus failed, I perform cystoscopy and proceed with the various diagnostic measures, ureteral catheterization, radiography, pyelography, etc., as circum-

stances indicate. Following this method I have had less difficulty in working up my cases to a satisfactory conclusion.

To better emphasize the importance of these latter special methods of diagnosis I shall review briefly some of my cases. When a nephritis is causing the hemorrhage a complete urine analysis and total functional test usually suffices. While a diagnosis of tuberculosis is not infrequently made by the examination of the urine, some few cases remain to be detected by cystoscopy, and in every case cystoscopy and ureteral catheterization if possible are indicated.

Every stone in the kidney that has come under my observation, and recognized, has at some period of its development been associated with some blood. When we have an acute attack of pain in the loin and when upon examination of the urine some blood is found, we at once suspect stone. However, all of you have experienced the disappointment of repeated negative examinations by the Roentgen ray in a certain number of such cases. I have succeeded in identifying the pathology in fourteen cases with such findings. By performing pyelography, plates being taken with the patient in the horizontal and vertical position, I have found in each an intermittent hydronephrosis associated with a movable kidney. In four other cases of open hydronephrosis I have diagnosed aberrant vessels causing varying degrees of constriction of the ureteral lumen. In three of these the blood was macroscopic in character, while in one it was noted to be microscopic. Three of these four cases were verified at operation. In one of my cases of colic in the kidney region associated with microscopic blood following the attack of pain, I determined the existence of a ureteral stricture. These latter cases may be very confusing, as concentration of the urine may, during the early morning hours, precipitate a typical attack of ureteral colic, thus very closely resembling a stone history, while I have never studied a proven case of intermittent hydronephrosis in which an attack of pain was not associated with some form of physical activity. The bleeding in these cases is, as a rule, but small in amount, while the process causing it, if allowed to remain, must ultimately result in destruction of the kidney.

I have studied one case of multiple calculi

associated with an alveolar carcinoma of the kidney. This patient had never suffered any urinary symptom until a few weeks previous to the nephrectomy, at which time he had experienced a profuse hemorrhage following a blow on the loin. In my study of such cases in the literature I found profuse hemorrhage in a stone case to be a danger signal, suggesting the development of a malignant process. Again, I have studied one case diagnosed as hypernephroma, which patient would not submit to operation, in which repeated profuse hemorrhages occurred from the left kidney, with intervals of varying length of absolute freedom from blood in the urine.

While a terminal hematuria is not infrequently associated with a tuberculous trigonitis secondary to tuberculosis of the kidney, I have had such a type of hemorrhage associated with a vesical papilloma located near the sphincter. However, in vesical papilloma continued, severe bleeding is most often present. While a fragment of the tumor may be recovered from the urine, a diagnosis by this means is at best unusual. Also diagnosing tumors of the bladder by cystography is not generally employed by the profession. It remains cystoscopy is the one reliable and accurate method of determining the presence of tumors of the bladder and their number. Appreciating the tendency of all bladder papillomas to become carcinomatous in nature adds emphasis to the need of detecting these growths early, and hemorrhage is usually our first symptom, which need not be painless in type.

The most confusing and difficult case of hemorrhage I have had to diagnose was due to a small papilloma of the urethra, which I had repeatedly overlooked in my examinations. The growth was near the external urethral meatus and at times a drop of bright red blood would pass from the resting urethra while at urination the first urine would contain much blood while the last passed would show but microscopical blood.

While, as I have indicated, there are cases of urinary hemorrhage with symptoms present enabling a diagnosis being made, as emphasized by this study, many remain in which some special work is necessary. Realizing that in these no definite conclusion can be formed as to the nature of the process causing the bleed-

ing nor its source, by studying the symptom of hemorrhage, and also that a malignant process may give rise to but little bleeding arousing but little anxiety in the patient's mind, it at once is evident the great responsibility involved in the treatment of every case having urinary hemorrhage. In the care of such cases at no time can we be satisfied until an accurate knowledge of existing pathology is had or until all available means of diagnosis are employed and we dare not assure a patient under any other circumstances that all is being done for him that is possible.

#### DISCUSSION

DR. CHARLES E. BARNETT, Fort Wayne, Ind.: When blood appears, most any time and anywhere, the fellow that has it sits up and takes notice. He may have something else that is much more severe and much more killing, but if he finds blood, especially blood in the urine, he is anxious and is not well controlled by any physician until he finds someone who is finding out the cause of his trouble, and if possible, is going to get him well.

It used to be thought that the kidney had three principal causes for hemorrhage—tuberculosis, kidney stones and carcinoma. I believe it was Hagner of Washington who brought to our attention the fact that we had frequently very simple hemorrhages. In fact, he reported at the American Urologic Society a case of severe hemorrhage from the kidney in which he simply did a urethral catheterization and the hemorrhage stopped. He did not know what caused it, he did not know what caused it to stop; he merely did the catheterization, and after that there was a cessation of the hemorrhage.

That is about the diagnosis of an essential hematuria. It may be a bladder condition, or an abrasion of one of the vessels entering the renal pelvis. It may be infective or semi-malignant, like papillomata or malignant like hypernephroma. The likelihood is that it is quite complex and that the diagnosis will be a hard one, and consequently the hematurias, or the cases of bleeding from the bladder or from the ureter, should be taken to the men who have a chance to look into the whole urogenital system in order to find out the source or the cause.

As to the problems that will arise, I had a case several years ago, an infantry officer of the National Guard, that came to me. During my examination he had a severe hemorrhage,



so severe that I had to elevate the foot of the bed to keep him from bleeding to death. In the course of my examination I found a three-plus Wassermann; I thought that was important until a positive tubercular reaction appeared. My Roentgen-ray findings showed no tumefaction shadows in the kidney region. Cystoscopy showed blood pouring from right ureter. His hematuria stopped following an intravenous salvarsan. I naturally considered it to be a case of lues and that he would get well. I happened to go abroad soon after the patient's return home, and during my absence he had a recurrence of his hematuria. He went to the Mayos at Rochester; they found hypernephroma and removed the kidney. However, he must have had a metastasis into the other kidney, because recently while doing active duty as major in the National Army he died from hematuria.

This case proves the complexity that is sometimes encountered in cases of bleeders.

The cause of the hematuria should be found, and the men who can find it are the men who have the appliances and special education to inventory the whole urogenital tract.

DR. M. JOSEPH BARRY, Indianapolis: Hematuria is a symptom, not a disease. It is a symptom of such a great variety of conditions that it would require a large volume to discuss them in detail. A number of different classifications have been proposed, but as good a method as any, I believe, is to divide the causes of hematuria into three large groups, with the questionable addition of a fourth. We may then say that blood appears in the urine as a result of:

1. Certain general or constitutional disease.
2. Organic disease of the urogenital tract.
3. Traumatism of the urinary tract.

The questionable fourth division would be so-called "essential renal hematuria."

The general diseases causing blood in the urine are further subdivided into two classes:

1. The malignant forms of acute specific infections: smallpox, typhoid, typhus, measles, scarlet fever, diphtheria, malaria, etc.

2. The blood dyscrasias: hemophilia, purpura, morbus maculosus Werlhofii, scurvy, leukemia, etc.

Of the diseases of the urinary tract which cause blood in the urine the most important for our present consideration are:

1. Neoplasms of the urinary tract, a large percentage of which are malignant.

2. Calculi.

3. Tuberculosis.

4. All forms of nephritis.

5. Chronic passive congestion of the kidneys.

6. Renal infarct.

7. Parasitic disease, especially echinococcus, filariasis, and bilharziasis.

8. The various inflammations and infections below the kidney.

The diagnosis of blood in the urine is easy, all that is required is a microscopic examination, the chemical tests not being at all necessary. But it must be strongly insisted that a fresh specimen of urine *always* be used for the microscopic examination, as all the formed elements quickly disintegrate in the urine. A negative report on a specimen over one hour old is worthless.

Having diagnosed the condition it next becomes of the utmost importance to determine both the cause and the source of the hemorrhage. It is fortunate that the majority of cases of hematuria find their way to the physician early. Blood in the urine rarely fails to alarm the patient who demands a diagnosis and treatment for the symptom.

As a symptom of a constitutional or a general disease, it is but one symptom, however, a very grave one, of a grave and often fatal malady. In other words, hematuria occurring in the course of one of the hemorrhagic diseases, or of one of the acute infections, is always of the most serious significance and evidence of the malignancy of the primary condition.

As a sign of local lesions within the urogenital tract, the necessity of determining its cause should be more and more strongly impressed on both the physician and the patient. Blood elements may enter the urine from any surface from the malpighian tufts to the meatus urinarius, and energy should not abate until that source is located.

The symptom may be continuous or it may recur at irregular intervals. It may go on over a long period of time, without pain, often without other symptoms, and it is most unfortunate that its importance is so often disregarded by both doctor and patient. Hematuria due to organic change in the kidney is likely to be intermittent and it is unwise for physician or patient to believe that the organic disturbance has been overcome because of periods of latency or insidious behavior of the underlying process. Medical procrastination in the way of vague diagnosis and inapposite medication must be discouraged. This sense of se-

cure after kidney hemorrhage, without associated symptoms sufficient to make its cause positive, is to be strongly condemned. Bleeding must always be considered an important symptom, demanding close surveillance during many months, or years, if necessary. Such a view and consecutive action will do much to improve treatment, to improve prognosis. The importance of making an early diagnosis in each and every case is particularly significant when we bear in mind the large number of cases due to neoplasms and tuberculosis, in which groups early diagnosis must be made to obtain the best results.

The origin and cause of urinary hemorrhage can be determined in the large majority of cases if we take advantage of the modern methods of diagnosis. Besides thorough urinalysis these methods are cystoscopy, ureteral catheterization, pyelography, roentgenography, kidney function tests, bacterial cultures, and guinea-pig inoculations. One or several cystoscopic examinations alone may not make a definite diagnosis possible, nor any one of the other methods. It may even be necessary in a few cases to resort to all of these methods combined, before the desired information is obtained.

Then after exhausting all of these methods with negative results, we come down to a certain residue of cases which constitute that interesting and much discussed group designated by Senator as "essential renal hematuria," by Klemperer, "angioneurotic renal hematuria," and various other names by other authors, as "renal epistaxis," "renal hemophilia." In this group careful clinical study failed to reveal any pathologic process underlying the bleeding and the original theory was that there could be renal hemorrhage without renal lesion. But I believe that most authorities are now ready to throw these terms into the discard and to consider that they were simply a mask for our ignorance, an indicated expression of our diagnostic limitations. We are not justified in saying that there is no lesion back of the hemorrhage because we cannot find it. The most careful observers who have studied the postoperative and postmortem material from these cases have been able to demonstrate evidences of minute foci of infection in the kidney substance. So we should not play the ostrich and close our eyes to the possible gravity of the situation in any case in which blood appears in the urine.

DR. BERNHARD ERDMAN, Indianapolis: I would like to take issue with Dr. Mertz on the question of the frequency of cases in which the

finding is hematuria. I do not doubt at all but that in the part of the state from which he comes this is the case, because the records will show that; but there is no doubt in my mind that in the larger cities the commonest cause of the gross as well as microscopic evidence of blood in the urine is the Neisser infection. A primary hematuria is not at all uncommon. When you consider that all the teaching has been that all individuals showing the Neisser infection for at least a period of two or three weeks have some posterior urethritis, and that all these have some prostatitis, you will see that if you search you will find blood in the urine.

As far as neoplasms are concerned, I have had a most unique experience in the last six months. I have had three patients, one not over fifty, with sudden swelling of the legs, with positive Wassermann, who had a sudden attack of bleeding followed by complete cessation of the bleeding. I am frank to say that in that case I had a false security. I could not account for the bleeding; the man had no further symptoms and would not submit himself for examination. He shortly had a second attack and I found he had a growth in the bladder. The condition was fulgurated and disappeared.

The second case was a man between seventy and seventy-five, who had constant retention. I felt from the other case that this man might have a growth in the bladder, and on making a suprapubic cystostomy I found he had a very large hyperemic prostate there through which the blood was pouring, and within forty-eight hours his hemorrhage had ceased.

The third is one in which I was associated with Dr. Link, a woman who gave a history of some traumatism after an automobile accident about seventeen months ago. There had been repeated attacks of hemorrhage, and pyelograms, cystoscopy; everything we could do in the way of urologic diagnosis was exhausted in an attempt to make a diagnosis, but nothing was found; everything was negative. In spite of the fact that we could not determine the real cause for any pathology other than renal hematuria, the condition apparently cleared up after ureter catheterization. However, within six or eight weeks a most violent attack of hemorrhage occurred, and it was decided, in view of the fact that she was steadily losing ground, that this kidney be removed. This was done, a careful microscopic section of this kidney from one end to the other as well as cross



sections made, which showed nothing in the kidney except some evidence of an inflammatory condition, and I believe this is one of the instances of so-called essential renal hematuria.

Blood in the urine is a matter of intense importance. It is a question which involves a surgical as well as a medical diagnosis. Men are much more prone than women to consult their physician when they find blood in the urine, because it is a very rare thing for them to have this occur. This is true of bleeding anywhere in the body; it is a sign of something radically wrong, and because they report it quickly it is a very valuable and significant symptom.

DR. H. O. MERTZ, closing: The points I wish to make are two: 1. That the general practitioner who sees these cases first should not treat them expectantly by measures of medication intended to stop the hemorrhage. He may relieve his patient of the symptom, but he must remember that he has a potentially malignant condition and the cessation of the hemorrhage is no indication of a cure. 2. That after you have determined your source, especially in the kidney, you have yet much to do in determining the cause of the hemorrhage. My cases of intermittent hydronephrosis were most interesting, and until I followed the plan suggested by Fowler of Denver they were the most confusing and difficult to unravel. This plan is to radiograph the patient first in the horizontal position and then immediately in the vertical position. In the fourteen cases I determined mobility of the kidney in a large number.

It has been generally supposed, and is so stated in the textbooks, that hemorrhage following an attack of colic occurring during the rest hours, awaking your patient from sleep, is inevitably associated with movement of a foreign body. I have had two cases in which I have had an attack of colic produced during the rest hours, each of them in the early morning, in which I have determined a ureteral stricture by the method I have just outlined, which is very easy to understand when we consider that in the morning the urine is more concentrated and more irritating and in passing over the stricture, produced contraction resulting in colic.

## A PLEA FOR PRENATAL CARE \*

C. O. McCORMICK, A.B., M.D.

Prenatal Clinic, Indiana University School of Medicine,  
Indianapolis

INDIANAPOLIS

"One of the great and impelling duties of this generation is to provide proper and adequate protection for the citizens of the future, who are the babies of today." In order to protect and safeguard best these most valuable, yet most helpless creatures, we must protect and safeguard their greatest friends, their mothers.

Except for a few competent physicians during the past three or four decades, special attention to the prospective mother has been unknown, at any rate has never been applied to the community at large until the past six or ten years, notwithstanding for generations and generations stock breeders have recognized its value in producing strong and healthy breeds. This oversight, if such it is, has existed as a result, no doubt, of at least two conditions. 1. Antenatal care is a form of preventive medicine, and preventive medicine as we know has developed almost entirely within the memories of all of us. 2. Until within very recent years the vital statistics of the United States have been so inadequate that it was impossible to form a basis for this work. According to one of our federal publications, compared with other civilized nations, the inadequacy of our statistics places the United States on a level with Turkey and China. A recent revision of our registration area includes a little over one-third of our total population. Indiana failed until October 5, 1918, to qualify for the model law because it failed to register 90 per cent. of its births. From most available authority nearer 80 than 90 per cent. of the births of this state had been reported for years and years. Ninety per cent. is deplorable enough. In contrast, every inch of Hoosier soil is covered by deed and record.

Babies are born to live and not to die. True this may be, yet a conservative estimate from figures obtained from the registration area shows that there are dying annually in the United States 300,000 babies under one year of age. This means, so far as loss of life is con-

\* Read at the Indianapolis session of the Indiana State Medical Association, September, 1918.

cerned, the destruction of Chicago, our second largest city, every ten years; it means, so far as loss of life is concerned, a yearly annihilation of Indianapolis, our largest inland city; it means, so far as loss of life is concerned, the sinking of a Titanic every forty-eight hours. Not a hand is raised, no investigation, no condemnation! When we add to the 300,000 the stillbirths and miscarriages the sum gives us an "overflowing measure of the unsuccessful efforts of unaded motherhood." This is not only a loss of the potential lives of the babies, but also a great physical and mental loss to our motherhood; more than that, it is a fair menace to the progress of our race and nation. To be concrete, the population of France at the beginning of the present war had only increased a little over 9 per cent. since the end of the Franco-Prussian War (that of Germany a fraction over 58 per cent.). The French birth and death rates were practically equal for twenty years preceding the war. France can no longer ignore her declining birth rate, otherwise, as recently estimated, in about fifty years she will be about as influential in Europe as Portugal is today.

The average French family, previous to the war, was limiting itself to two children. For any race or nation to progress, indeed, maintain a standstill, the least number of children required is three, that is, a child to replace each of the parents and one to withstand current disease.

To come closer home, our American stock is not nearly so prolific as it was even at so recent a period as the beginning of the Civil War. At that time every decennial showed an increase of 35 per cent. In the last two decades that increase has dropped to 21 per cent. despite a much increased foreign immigration. Figures show that to maintain this 21 per cent. we are becoming more and more dependent on our foreign population. To appreciate fully what is meant by our foreign population we of the inlands must visit our border or seaport cities. In New York a few years ago the annual birth rate in one of the crowded Russian Jewish tenement districts was rather crudely though quite accurately estimated at 160 per acre.

Indiana has not been exempt from this foreign influence.<sup>1</sup> In 1905, 1 birth in 17 was of

foreign parents; in 1910, 1 in 13; in 1915, 1 in 10. Today in Lake County, the county in which Gary is located, 1 birth in 2 is of foreign parents; in Laporte County, 1 in 3, and in Marion, 1 in 10.

If for no other reason than to ensure the progress of the American race, some solution is obviously in demand. At least two courses suggest themselves: a less limited birth control, or a conservation of the limited output as we have it given us. No doubt both could be worked together to a great advantage. However, it is the latter in which this paper is interested.

*There is no stronger conserving force of the race today than intelligent, systematic prenatal care.* Careful statistics show that fully 50 per cent. of the infant mortality under one year of age is preventable and a much greater saving is accomplished among mothers.

"The majority of physicians and patients still prefer to consider all pregnancy and labor natural, at least until something is obviously wrong. This is a fair enough proposition except that without prenatal care matters may be very wrong, but this fact has passed unnoticed."

Dr. F. S. Kellogg, in studying 4,993 pregnancy clinic cases, found some abnormality present in 30 per cent. of them. Dr. DeLee tells us, "Not the majority but the minority of labor cases is normal."

Dr. A. Emmons in considering the high rate of mortality and morbidity among infants and mothers, presents the situation pretty truly in stating, "Childbearing may, therefore, be defined as a normal function dangerous to public health."

"Every welfare worker who has done any thoughtful work in behalf of infants can hardly have failed to perceive that although that work be noble and beautiful, much of it is after all only palliative and not preventive, that it cannot possibly reach back into the remote causes of the mass of suffering which they see among the children of the poor. Recognizing this, the infant welfare workers are the very ones today who are endeavoring to establish some sort of a supervision over expectant mothers, thus getting as far back as possible into the life of the infant, and surround the mother with care that will conserve or restore her health and make it possible for her to produce a healthy baby

1. I hereby wish to express my indebtedness to Dr. C. A. Carter, Ex-State Statistician, for the free access he extended me to his department in acquiring data relative to Indiana.



which she is made able to feed at her own breast." This point of view places prenatal care as the starting point for all children's welfare work, as a starting point for the practical education of the mother for the intelligent future care of the infant and child, indeed, it places prenatal care as the starting point for all public health.

What is prenatal care? It is not the preventing of feeble-mindedness of the child, but it is conserving the health and strength of the prospective mother; it is foresight and forehandedness during pregnancy; it is preventive medicine applied to obstetrics; it is an effort to prevent mistakes and mishaps to both mother and infant before and during childbirth; it is an effort to give mother and infant the greatest possible chance!

We are all familiar with the practice of calling at the last minute the doctor to meet unprepared any emergency that may present itself. Prenatal care substitutes for this haphazard method of dealing with so important a care, the following procedure:

The patient sees the doctor as soon as she suspects being pregnant. He learns the history of her previous illnesses, many of which may reflect on her present condition in an unfavorable manner; her previous confinements, whether normal or instrumental; miscarriages, premature births, stillbirths, multiple pregnancies, if any; subsequent history of each live born child. Learns of her present symptoms. Then proceeds to make a physical examination, noting especially the teeth, tonsils, thyroid, breasts, lungs, heart, abdomen; estimates period of pregnancy, size and position of child, if near term, listens to and locates fetal heart. Carefully takes pelvic measurements, both external and internal. Notes edema of face, hands and feet. Takes blood pressure, both systolic and diastolic. Takes blood for Wassermann. Examines urine. As a result of all this examination the physician is in position to predict the outcome of the given case. This prediction is the highest point of obstetric science. In addition the patient is advised as to personal hygiene, including diet, drink, clothing, baths, fresh air, sleep, exercise, etc. In other words, how best prepare herself for the good health of the baby and for the physical strain of labor and nursing. The patient is seen thereafter either at home or the office at least every month up to the seventh month, thereafter every two weeks. Urine and blood pressure examinations are made at each of these visits. Abnormal

conditions are thus found early and alleviated if possible. All preparations for delivery, preferably in the hospital, are made in advance.

The doctor at once assumes captaincy of the ship, as the patient puts out over the sea of uncertainty, and indeed every pregnancy is a sea of uncertainty, for no one knows when or whether an ill wind is going to blow. (Occasionally the sea is disturbed by typhoons of fatal hemorrhage, shoals of convulsions, or breakwaters of miscarriage.) Every ship making a voyage employs the captain in advance that he may be at his post from the moment the ship leaves port, and not when at midsea midst difficulties, which frequently are insurmountable. A good captain usually knows the safe route, and if given the ship in time can steer it wide of disaster. An infant is nine months old at birth, and expert care is more important before than after birth.

Pioneer prenatal work began in Boston in 1901; Chicago, in 1906; New York, in 1908. In Boston, 1909, was begun the first experiment to test the effect of prenatal work on the babies of supervised mothers. Today prenatal care is being applied to over 180 American communities. It has already proved to be the highest form of preventive medicine. It gives larger and more rapid returns for the effort and money expended than any other form of public health work. It is even more fruitful than care at time of confinement. The chief results of this work may be tabulated as follows:

1. Lowers infant death rate under one year 50 per cent. (some instances 70 per cent.). The period of highest infant mortality is the first month of life. In the registration area in 1915, 46 per cent. of deaths under one year occurred during first month; 32 per cent. during first week, and 16 per cent. during first day. Infant mortality after the first month has been diminishing, but the mortality before the first month has not budged, instead, it is increasing. *This persistent mortality presents as great a problem for the health officer as does smallpox, scarlet fever or infantile paralysis. This mortality of the early weeks cannot be reduced by any postnatal measures, its reduction depends on prenatal supervision.*

The Chart A shows two very distinct facts: 1. The infant mortality in Indiana during the first weeks of life is decidedly higher than the average of the United States. 2. That the appalling rates during the first month indicate a severe need of prenatal supervision.

Prenatal care saves at least five babies out of every 100 living births. Applied generally it would annually save in the United States 150,000; in Indiana, 2,700; in Indianapolis, 275.

We now consider infant mortality not as an act of Divine Providence, but as evidence of human weakness and ignorance, we reap what we sow, no more and no less.

The infant mortality of a given community is an index of the public health of that community. It is to be lamented that the flowers of our race have to furnish that index.

We must not forget that for every infant dying under one year of age there are five that sicken.

worn out form of life at the one extreme, of no value to itself, its community or state, leading a vegetative existence, is given preference to the other extreme, the newborn infant, filled with possibilities and potentialities from the soles of its feet to the top of its head, every day of its life adding to itself, its community and its state.

3. Prenatal care reduces number of stillbirths. Figures indicate that the annual stillbirths in the United States amount to 30 per cent. of the deaths under one year. In Indiana the average for five years showed the rate to be 25 per cent. of the deaths under one year. Statistics on stillbirths are very unreliable as

A.—EARLY INFANT MORTALITY (EXCLUSIVE OF STILLBIRTHS)

	First Day				First Week				First Month			
	1915	1916	1917	Aver.	1915	1916	1917	Aver.	1915	1916	1917	Aver.
Allen County.....	18.7	23.3	23.2	<b>21.4</b>	51.4	43.6	43.0	<b>46.0</b>	<b>66.6</b>	61.3	53.0	<b>60.0</b>
Lake County.....	11.5	10.3	14.6	<b>12.1</b>	25.4	19.7	24.4	<b>23.2</b>	37.0	33.3	36.2	<b>35.5</b>
Marion County.....	19.5	19.2	28.0	<b>22.2</b>	46.6	37.8	42.6	<b>42.3</b>	54.5	53.0	54.6	<b>54.0</b>
St. Joseph County.....	18.8	15.3	20.0	<b>17.3</b>	38.2	32.9	34.1	<b>35.1</b>	58.5	50.0	50.0	<b>52.8</b>
State.....	19.9	19.3	19.2	<b>19.5</b>	38.7	36.0	37.2	<b>37.3</b>	55.4	51.0	51.8	<b>52.7</b>
United States.....	<b>16.1</b>				<b>31.9</b>				<b>46.0</b>			
United States (1911).....	<b>12.1</b>				<b>27.4</b>				<b>42.1</b>			

Former registration area, 67.1 per cent.

Indiana has a higher early infant mortality than the average of the United States.

This mortality presents a greater problem for the health officer than does smallpox, scarlet fever, or infantile paralysis. It cannot be reduced by postnatal measures.

5,475 (approximate birth rate of Indianapolis) infants die annually in Indiana. This is 15 per cent. of the total death rate. In Lake County one death in three is that of an infant—in Marion, one in eight. 300,000 infants die annually in the United States; this is 10 per cent. of the live births.

B.—STILLBIRTHS

	1913		1914		1915		1916		1917		Average	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Allen County.....	41	1.9	66	2.9	50	2.3	53	2.3	47	1.8	<b>51</b>	<b>2.2</b>
Lake County.....	90	3.0	147	3.6	124	3.1	136	3.0	162	3.6	<b>132</b>	<b>3.2</b>
Marion County.....	191	3.1	233	3.8	232	4.0	230	3.7	268	4.0	<b>231</b>	<b>3.7</b>
St. Joseph County.....	47	2.0	83	3.2	90	3.6	94	3.6	85	3.3	<b>80</b>	<b>3.1</b>
State.....	1,668	2.8	2,118	3.4	2,051	3.3	2,032	3.2	2,021	3.2	<b>1,978</b>	<b>3.2</b>

The stillbirth rate of Indiana for the past five years has been persistent. Fifty per cent. of stillbirths is preventable.

Average for the state from 1910 to 1915 was 1,880, i. e., one for every three deaths under 1 year of age

2. Prenatal care produces healthier babies and of increased weight, the average has been raised from 7 pounds, 4 ounces, to 7 pounds, 11 ounces. This greatly diminishes the number of weaklings requiring institutional care, as well as increasing the chances of the average baby to live, especially through that most perilous period, the first month of life. Herbert Spencer once said, "The first requisite for the success in life is to be a good animal, and to be a nation of good animals is the first condition of national prosperity."

Under present conditions, a newborn baby has a less chance to live one week than an old man of ninety; a less chance to live one year than one of eighty. The operating of our society must be wrong when the old decrepit,

a large number go unreported. Then, too, opinions differ widely as to what constitutes a stillbirth.

In the Borough of Manhattan in 1911 there were 48.6 stillbirths per 1,000 pregnancies; among the supervised mothers the rate was 19.6.

In Boston, during the years 1914 and 1915, supervision in five congested wards reduced stillbirths 50 per cent.

The Table B gives some idea of the stillbirth rate in Indiana.

Stillbirths usually result from chronic disease of mother, especially syphilis and Bright's disease. Treatment during prenatal period frequently makes possible the bearing of live children. A word might be added here in regard to syphilis. Of 705 fetal deaths in 10,000 ad-



missions in obstetrical department of Johns Hopkins Hospital occurring two weeks after delivery, including prematures, syphilis was responsible for 26.5 per cent. An equal number of syphilitic children were born escaping death within the first two weeks. Toxemia was responsible for only 6.5 per cent. Syphilis is the most common cause for fetal death. In two of our largest prenatal clinics in the country where Wassermanns are taken as a routine, 7 per cent. in one and 8 per cent. in the other was reported positive. Only one-fourth of the positive patients show lesions. *These results make a thorough knowledge of the manifestations and treatment of syphilis as important as pelvimetry and urinary examinations.*

4. Prenatal care reduces number of miscarriages by improving the mother's general health.

5. It reduces the number of premature births. Seven per cent. of all deaths under one year are due to prematurity and congenital weakness. Practically every case is due to overwork and poor nutrition on the part of the mother.

amelioration and prevention of complications of pregnancy, but to so far promote maternal general good health that mothers may go to full term bearing living children and suckling them at least during the early months. Appallingly large numbers of infants die soon after premature birth and even after full term when poorly vitalized and artificially fed. At least 80 per cent. of infants dying during first year are artificially fed. The figures given out a few years ago by the Indiana State Board of Health were 88 per cent.

One of the most difficult problems in infant welfare work today is securing a substitute for mother's milk. The importance of breast milk may be noted from the following: In Boston, in 1913, 97.5 per cent. of breast-fed, 92 per cent. of mixed-fed, while only 72 per cent. of bottle-fed babies were well at the end of one month. Schwartz of Baltimore, in studying 1,501 patients, found 96 per cent. able to nurse babies for one month, 88 per cent. for three months, and 77 per cent. for six months. To-

#### C.—MATERNAL MORTALITY

	1910	%	1911	%	1912	%	1913	%	1914	%	1915	%	1916	%	1917	%	Aver. %
Total.....	450		493		450		422		459		398		443		414		
Puerperal septicemia.....	229	50.0	293	59.4	231	51.3	205	48.5	220	47.9	185	46.5	224	50.5	203	49.0	50.5
Eclampsia.....	74	16.4	79	16.0	88	19.5	81	19.1	108	23.5	78	19.6	97	21.9	105	25.3	20.1

Death from eclampsia is probably increasing.

Seventy per cent. of puerperal deaths in Indiana are due to septicemia and eclampsia, both largely avoidable diseases. At least nine-tenths of puerperal septicemia and four-fifths of eclampsia cases are preventable.

6. Prenatal care produces a greater number of normal births, as a result of careful measurements, correcting position of child, also by reducing size of child by proper diet. In a Scotland hospital it was demonstrated that forceps or instrumental deliveries could be reduced from 91 to 47 per cent., and the death rate of babies reduced from 18 to 2 per cent.

7. It reduces the number of toxemia and eclampsia cases. Reduces the latter 80 per cent. That such a reduction would be welcome in Indiana is readily seen from the fact that eclampsia is responsible for over 20 per cent. of the total maternal mortality as shown by Table C.

There is also a mortality reduction in placenta praevia, cardiac disease, and contracted pelvic cases (antepartum bleeding occurs in 0.7 per cent., valvular disease in 2 per cent., contracted pelvis in 8 per cent.).

8. Prenatal care greatly increases the possibility of maternal nursing. Testimony on every hand has shown this. In fact, the chief aim of prenatal care is not alone the early detection,

day in supervised areas 85 to 93 per cent. of mothers are nursing their babies. *Breast feeding is the strongest postnatal factor we have in reducing infant mortality and producing a better race of babies—prenatal care is the largest single solution.*

9. Prenatal care greatly reduces maternal mortality and morbidity. In the United States in 1913 at least 15,000 women died from conditions caused by childbirth; 7,000 of these of puerperal septicemia, an almost entirely preventable disease; 8,000 of largely preventable diseases.

In the same year typhoid fever claimed but one-fourth as many women of childbearing age as parturition; tuberculosis was the only disease to give a higher rate.

During the twenty-three years ending 1913, no definite decrease in the death rate from diseases caused by pregnancy and confinement can be demonstrated, nor has there been a reduction in the death rate from puerperal septicemia. However, in the meantime, mortality rates from typhoid and diphtheria have been reduced more

than one-half, and tuberculosis reduced one-fourth. Only two (Switzerland and Spain) of fifteen important foreign countries show higher maternal death rates than the registration area of the United States.

Indiana's maternal mortality is shown in Table C.

Our best obstetricians today claim that if given a case sufficiently early in pregnancy under proper conditions, maternal mortality is reduced to practically nil, compared with current rates.

As to the morbidity among the mothers, Dr. Hugh Cabot has made the note, "That thirty or forty years ago almost all women who had borne children suffered from the results of unrepaired tears and other mechanical injuries. Grandmothers at fifty were quite elderly and of little active capacity, usually remained at home. When they did go out they generally rode in carriages. Today grandmothers of the better cared for classes are mostly young and

Since precautions have been taken at birth, the enrollment of the cases of blindness due to ophthalmia in the institutions for the blind in this country have been reduced from 26 to 19 per cent. Prenatal care can effect a still larger reduction.

12. Prenatal care helps eliminate the midwife. The midwife delivers 40 per cent. of the babies born into our country. This eliminates 40 per cent. teaching material in our schools. In the city of New York she performs 50,000 deliveries annually. The midwife situation in Indiana is shown in the Table D.

#### D.—THE MIDWIFE IN INDIANA

(Since 1887, 220 Licensed in Forty-Four Counties)

Reported Births in Twenty-Seven Counties in 1916, 3,821, or 6.02 per cent of State's Total

	Number Cases	Per Cent. in Counties	Per Cent. in State
Allen County.....	149	7.0	3.9
Lake County.....	2,374	55.0	62.13
Marion County.....	55	0.9	1.4
St. Joseph County.....	844	33.5	22.08

One midwife in St. Joseph County reported 272 births during the year 1916, one every thirty-two hours and twenty minutes.

#### E.—DEATHS FROM PUERPERAL SEPTICEMIA

Average Rate per 10,000 Live Births Past Eight Years

	1910	1911	1912	1913	1914	1915	1916	1917	Aver.
Allen County.....	26.3	73.2	31.9	19.0	31.0	9.3	<b>13.3</b> (93% Phy.)	27.1	<b>28.8</b>
Lake County.....	57.9	55.2	23.4	34.1	22.3	25.5	<b>40.4</b> (55% M.W.)	28.9	<b>35.9</b>
Marion County.....	49.9	45.9	57.2	39.7	51.1	48.1	<b>56.4</b> (99% Phy.)	42.5	<b>48.8</b>
St. Joseph County.....	91.7	68.8	55.2	21.5	34.9	36.7	<b>32.5</b> (33% M.W.)	47.5	<b>48.6</b>
State.....	40.6	51.4	40.3	34.6	35.5	29.9	<b>35.3</b> (94% Phy.)	32.1	<b>37.5</b>

The death rate from puerperal septicemia is not decreasing.

The midwife has a less mortality from puerperal septicemia than the general practitioner.

freely engage in active life and athletics." This has come chiefly through modern obstetrics, a large part of which is prenatal care.

10. Prenatal care affords greater comfort and peace of mind to the more or less harassed mother. To take a mother through her pregnancy and labor without a discomfort or mishap, to give her a healthy baby whom she feeds at her own breast, is to increase many fold the chances of a happy home. Such a woman will be a better wife and better mother, all future children of such a mother will have a better start in life and the sum total of the resulting good is enormous. One need only contrast such a case with the misery and wretchedness of pregnancy and childbirth among the very poor to realize the full value of prenatal care.

11. Another result is the reduction of ophthalmia neonatorum, 95 per cent. of blindness occurring under one year, and 2 per cent. of all blindness in the United States is due to this disease.

Her relation to puerperal septicemia in Indiana may be gathered from Table E.

As to whether or not the midwife should be dismissed is a subject that would require a morning's discussion. Our best authorities are divided in opinion. But this much is evident, obstetrics never will advance to the position it should hold so long as so large a per cent. of it is conducted by such an untrained and uneducated class. By accepting her we are, as pointed out by Dr. J. L. Huntington, assuming a dual standard in obstetrics. Unlike other branches of medicine there would be two classes of practitioners, one to care for the normal uncomplicated cases among the poor, and the other to care for the normal cases except among the poor, and for the abnormal cases wherever they occur.

The low mortality she has in puerperal septicemia compared with the practitioner is often given as argument in her favor. However, it really portrays how low the standard of obstet-



rics has fallen among the profession in this country. As Dr. DeLee puts it, "The science of obstetrics is far in advance of the art."

13. Prenatal care puts obstetrics on a basis where the physician *can* charge, and the patient is *willing* to pay a respectable fee. The average obstetrical fee has always been a discredit to the profession.

If ten to thirty minutes of a surgeon's time in removing an appendix plus six to eight aftercalls is worth \$100 to \$150, why isn't the months of attention and care preceding birth plus the many hours spent at an average delivery plus the eight to twelve aftercalls worth as much? It is. Especially so, since the complications of obstetrics are much more numerous than those of appendicitis and must be met just as diligently; especially so, since the obstetrician has two lives on his hands rather than one; and especially so, since he must employ equally as much judgment and skill and frequently is obliged to do so under less favorable conditions. Incidentally, a good obstetrical training presupposes a surgical training. Obstetrics is surgery. As it is, physicians profit more repairing the bad results of obstetrics than they do preventing them.

14. The last, but not least, result of prenatal care is that it elevates the standard of obstetrics. It makes obstetrics as a specialty inducive to the young physician. Some future day boards of health will probably take obstetrics out of the hands of the general practitioner.

We have seen that prenatal care produces a stronger and healthier race, thus causing less need for public institutions for the care of the weak, blind, deaf, defective and deformed. When we think of the vast sums spent annually by our state in the support of such institutions, which might well be considered as race "service stations" and "repair shops," practically speaking, we cannot avoid wondering if it would not be a more economical policy for the state to concentrate its health forces more at the "production plant," thereby endeavoring to have every individual born into the state the best physical being possible with the least tax on the mother's good health. This, no doubt, in a few generations would reflect a much more thrifty citizenship. Under present conditions, as a rule, an individual is born in any physical state chance finds fit to bestow on him; if he happens to be physically strong, well and good; if deficient and deformed, he is placed in amply provided institutions to live part or his entire existence at the support of his more fortunate brothers.

Again, our state on the commission of a criminal abortion straightway inflicts severe punishment. If the state really values the life of the unborn infant so highly, why does it permit that life in so many cases to flicker out during the first few weeks as a result of lack of attention to the prospective mother?

The taking of a vital interest by the state in the prospective mothers and newborn is, indeed, no longer an experiment. The Australian government gives every woman, no matter what her social rating is, on the birth of a child, £5. This has helped give Australia the second lowest (52 per 1,000 births) infant mortality of all civilized countries. England, in 1912, passed a maternity insurance law, whereby every insured father received \$7.50 on the birth of a child, the mother also \$7.50, if she be insured. Maternity insurance has worked successfully wherever tried, most European countries employ it. Besides, the expectant mother is well protected by law in practically every European country. She is exempt from employment for so many weeks before and after confinement, her position is held open for her, and in most instances is given a fraction of her regular salary during the time she is off duty. In Italy, when she returns to work, she is allowed so many minutes each day to nurse the baby.

In this country but four states have passed laws forbidding an employer employing a woman for two to four weeks before and after confinement. None, however, provide financial support for the time she is off.

"Is it not conceivable that some day we may advance to the point of civilization where notice of expected babies may be required by the health authorities in order that these authorities may receive assurance that reasonable provision is made for the safety of mothers and babies, and that preventable danger to valuable citizens may by appropriate means be foreseen and avoided?"

Today, abroad, the asset value of the newborn infant is being emphasized a thousandfold. Indeed, the question has become second only to that of the war itself. Paris and other leading French cities afford practically all pregnancy cases systematic prenatal care and hospital delivery. Two free meals a day are furnished every woman within five months of confinement, and to every nursing mother until her child is fourteen months old. More than that, she is allowed 10 to 25 cents per day for a period of eight weeks with an extra daily allowance of 10 cents to those mothers who nurse the infant.

In England 50 per cent. of the expenses of the infant and maternal welfare work is borne by the government and is being done regardless of other economic needs.

In Germany at the beginning of the war the command was given out to fill the cradles. Every newborn is entitled to support from the government to the fourteenth year. Maternity benefits have been increased three times since the beginning of the war, and now among other things consists of \$59.50 for expenses of confinement, 24 cents a day for a period of eight weeks, and 12 cents a day for three months to nursing mothers.

*This war has focused attention on the infant, and this is certainly one of its earliest achievements. If all this can be so effectively done during fire and chaos, what might and should be done during peace and construction?*

This question of obstetric mortality is most properly a war measure. We have had several commissions and dictators appointed by the United States government for the regulation and conserving of our food and fuel supplies, as well as for raising colossal sums. The appointing of a federal commission to look after the motherhood of this country is more than equally important.

In that prenatal care conserves more human lives annually, produces a sturdy race, elevates community standards and insures national prosperity more than any other social factor, it is one of our highest forms of national preparedness!

"With intelligent motherhood and good prenatal conditions there should be no doubt of the future of this or any other nation."

414 Hume-Mansur Building.

---

## SARCOMA OF THE KIDNEY IN A TEN MONTHS OLD CHILD

JAMES Y. WELBORN, M.D., F.A.C.S.  
EVANSVILLE, IND.

The patient was a ten months old child, apparently in very good health; complexion good, well nourished, taking food without any digestive disturbance and slept well at night. Weight, 18 pounds.

Mother noticed four months ago a slight swelling in the left hypochondriac region; this gradually increased in size until it reached the lower abdomen and bordered on the right spine of the ilium. There was no history of pain. The temperature was 100 and pulse rapid; hemaglobin 75 per cent.; red cells 5,256,000 per

cubic millimeter; white cells, 12,100 per cubic millimeter; differential count, polynuclear, 38; lymphocytes, 50; large mononuclear, 9; eosinophil, 2; mast cells, 1. Tumor very movable and seemed attached to either the left kidney or spleen. After a study of the case a diagnosis of tumor of the left kidney was made and in view of the fact that most hypernephromata occur in adults and that mixed tumors, epithelial and sarcoma occur mostly in children, led us to the belief that this was a tumor of the kidney proper and an operation was suggested, with a very bad prognosis proposed.

The operation was done on Aug. 19, 1918, and it revealed many interesting features. A loin incision was made, extending across the abdomen to the pubis, the growth having pushed the posterior peritoneum forward, apparently had imbedded itself into the descending colon; this required a very long incision to deliver the tumor, which weighed 3 pounds. It perforated through the mesentery of the descending colon which was badly torn in the removal. The condition of the patient was very bad at the close of the operation which lasted twenty-three minutes. In a short time after the operation it seemed to do fairly well, then continued to do well until her recovery without any serious symptoms.

A very interesting part of this case was the character of the growth. It seemed to be surrounding the kidney, but the macroscopic appearance was absolutely unlike that of hypernephroma, yet it was not a typical growth throughout the kidney substance itself; the kidney lay imbedded in the growth which showed mixed sarcomatous cells microscopically.

The patient continued to improve, left the hospital September 5 and a late report showed it to be doing very nicely.

---

## BLINDNESS IN MEXICO

The entire number of the *Anales de la soc. Oftalmologica Mexicana* for December, 1918, is devoted to a monograph on this subject by the editor, Dr. D. M. Velez. He gives the number of known cases of blindness in the different states adding that with a total population of over 15 millions, at the census of 1910 there were nearly 12,000 blind persons recorded throughout Mexico. This is in the proportion of 78.2 per ten thousand inhabitants. At the 1900 census the proportion was 95.2 per cent. His data show further that 76.9 per cent. of the cases of blindness were the result of smallpox, ophthalmia neonatorum or purulent ophthalmia, that is, of preventable causes, and only 12.28 of the cases could not have been avoided by known means to date. His figures for other countries show none over 43 per cent. from avoidable causes.



# **THE JOURNAL**

OF THE

## **INDIANA STATE MEDICAL ASSOCIATION**

Devoted to the Interests of the Medical Profession of Indiana

Office of Publication, 406 West Berry St., Ft. Wayne, Ind.

APRIL 15, 1919

### **EDITORIALS**

#### **SANATORIUM TREATMENT OF TUBERCULOSIS**

Sanatoriums are established for the cure and prevention of tuberculosis and the education of tuberculous persons. One or all three of these things may be attempted. However, most men lay stress upon the cure of the tuberculosis and the education of tuberculous persons in the methods of cure and prevention.

Just now strenuous efforts are being made to establish a tuberculosis sanatorium in each Indiana county. Many of the arguments used lay especial stress on the efficiency of sanatoriums to reduce the morbidity and mortality of tuberculosis. Such great promises are made that there is sure to be much disappointment unless the limitations of sanatorium treatment are thoroughly understood.

The performance of sanatoriums to be established can, to some extent at least, be guessed by the results obtained by those already established. Of the 250 patients released in 1918 from the State Sanatorium at Rockville 54 per cent. still had tubercle bacilli in their sputum, and 45 per cent. were in the first stage of the disease, 46 per cent. in the second stage and 9 per cent. in the third stage. Of the 153 patients released from the Marion County Institution at Sunnyside during 1918, 36 per cent. had tubercle bacilli in their sputum, 31.5 per cent. were in the first stage, 45.5 per cent. in the second stage, and 23 per cent. in the third stage of the disease. Of course many patients left contrary to medical advice. Even if we except those and include only those who are released with the disease arrested we can readily believe that many will soon relapse after getting into their home surroundings. On the average about 10 per cent. of all persons diagnosed as tuberculous and in whose sputum no tubercle bacilli were found, never did have tuberculosis. Such persons of course would belong to those dismissed from the sanatorium as in the first or second stage without tubercle bacilli in the sputum.

Tuberculosis is not simply a disease, it is an index of the social and economic status and racial quality of a people inhabiting a definite area. Patients released with their tuberculous disease arrested but not up to their normal working capacity must get employment in competition with the nontuberculous. At the same time they are handicapped by the same economic and social condition and personal defects that were responsible for their infection with tuberculosis.

In a survey made in Cincinnati concerning the cause of tuberculosis in 442 persons suffering from the disease, 18 per cent. was laid to industrial conditions, 9.7 per cent. to poverty and housing, 10.8 per cent. to personal vice, 32.4 per cent. to heredity, 8.4 per cent. to other disease and 20 per cent. included two or more of the above factors.

The facts set forth above are not arguments against the sanatorium treatment of tuberculosis, but they ought to keep us from making too optimistic promises of things that will be accomplished if sanatoriums are established.

The measures proposed to increase and maintain the efficiency of tuberculous sanatoriums are as follows:

1. Convalescent farm colonies and vocational schools for all patients after the disease has been arrested by hospital treatment.
2. Permanent hospitalization and segregation of the incurable tuberculous.
3. Outdoor relief for patients and family until full possible wage earning capacity is obtained.
4. Medical supervision of the tuberculous in his home after release.
5. Cooperation of sanatorium and local medical authorities concerning all tuberculous persons needing sanatorium treatment and those released from sanatoriums with the disease arrested.
6. Coordination of the efforts of all persons and institutions attempting to improve the economic and social conditions and racial quality of the poor.

#### **TOBACCO PROHIBITION**

Some of the leaders in the prohibition movement announce that now that the country has been made "bone dry" an effort will be put forth to stamp out tobacco in all its forms. This is what might be expected from a lot of visionaries and cranks, and shows the tendency to go to extremes in the matter of re-

form. Probably along with the wiping out of tobacco the fanatics will want to wipe out tea and coffee, and fine or imprison every man who does not attend Wednesday evening prayer meeting. It is safe to predict that one extreme will follow another, but if the reformers go too far it is not only possible but probable that some of their really good work will be rescinded and we shall find ourselves returning to worse conditions than before the reformers started in with their attempts to carry out their Utopian dreams. We have been strong for prohibition on the ground that it is good for the country from an economic as well as social standpoint, but no such reasons can or will apply to tobacco prohibition. It is quite possible that the anti-tobacco movement will die as a direct result of the dishonest, untruthful, and preposterous propaganda that has been started by some of the enthusiasts who will stoop to anything to accomplish the desired end; but it is just as well to remember that sometimes obnoxious restrictive laws are enacted in an unguarded moment. We do not fear a rapid growth of the anti-tobacco movement, but in view of the malicious lies that are told concerning the moral and physical effects of tobacco the medical profession should be prepared to place the facts before the people.

### EDITORIAL NOTES

#### DEAR DOCTOR:

THE JOURNAL and the Cooperative Medical Advertising Bureau of Chicago maintain a Service Department to answer inquiries from you about pharmaceuticals, surgical instruments and other manufactured products, such as soaps, clothing, automobiles, etc., which you may need in your home, office, sanitarium or hospital.

We invite and urge you to use this Service.

It is absolutely FREE to you.

The Cooperative Bureau is equipped with catalogues and price lists of manufacturers, and can supply you information by return mail.

Perhaps you want a certain kind of instrument which is not advertised in THE JOURNAL, and do not know where to secure it; or do not know where to obtain some automobile supplies you need. This Service Bureau will give you the information.

Whenever possible, the goods will be advertised in our pages; but if they are not, we urge you to ask THE JOURNAL about them, or write direct to the Cooperative Medical Advertising Bureau, 535 N. Dearborn St., Chicago, Illinois.

We want THE JOURNAL to serve YOU.

"War Medicine," published monthly by the American Red Cross in France, for the medical officers of the American Expeditionary Forces, is an exceedingly interesting periodical. It contains not only reports covering the work of the Research Society of the Red Cross, but abstracts of the important current literature. It goes without saying that this magazine has been of inestimable value and interest to our medical men in military service overseas.

At last, due to pressure of public opinion, as well as a recognition of the justice of the cause, the officers of the Medical Reserve Corps are receiving the promotions that had been recommended but had not been carried out at the time of the signing of the armistice. It is belated recognition of well-rendered services and rewards that are fully justified.

ACCORDING to the *Journal of the A. M. A.*, ptomain poisoning is a term used to cloak ignorance, inasmuch as ptomain is a term for a chemical substance of uncertain origin, unknown nature, and doubtful existence. What will the newspaper writers do now for a fancy term to cover up acute gastro-intestinal disturbances, or what in our childhood days we ordinarily called "belly ache."

DOCTORS now are being asked to become resident examiners for the Mudlavia Health Assurance Association of Kramer, Indiana. However, acceptance seemingly requires the purchase of a \$500 bond of the Indiana Spring Company. The scheme is rather clever, and perhaps a few doctors will be attracted by it, though we rather question the advisability of buying medical appointments in any association.

AGAIN, we desire to remind doctors to notify this office regarding any failure to receive THE JOURNAL regularly. It is no small matter to keep a mailing list of several thousand names absolutely accurate and, in view of the fact that during the past year and a half an effort has been made to send the JOURNAL to physicians in military service, who now are returning to their homes, it is especially hard to eliminate all errors. Therefore, individuals will bestow favor, not only upon themselves, but upon THE JOURNAL, in notifying us concerning present address, if recent move has been made.

NUMEROUS cases of sleeping sickness or lethargic encephalitis have been reported from various parts of the United States and is believed by some physicians to be an aftermath of influenza. The symptoms are extreme nervousness and a profound sleep. Patients may be roused to a semiconscious state and will partake of nourishment, only to slip back into coma in a few minutes. Death has been reported in a few instances. A few cases have been reported in Indiana. Dr. T. B. Cooksey, county health officer of Montgomery County, reported one of the first cases.



FURTHER response to our recent request for report of openings for medical men returning from military service brings the following: Shoals, the county seat of Martin County, has supported four doctors. At present two doctors are having to do the work. Shoals is a town of 1,000 inhabitants with a large surrounding territory with a number of small towns without doctors. The people are anxious for a good man to come there, and one could have a good business from the day he lands. Dr. Chas. E. Stone of Vincennes owns an office and residence combined in the business section of Shoals which he would sell.

A good opening is also reported at Plevna, Howard County. \_\_\_\_\_

IT is gratifying to note that the Indiana legislature, at the end of the session, quit fighting and opposing public health work so vigorously and granted some liberal appropriations for this work. They accorded, for the state board of health, a division of tuberculosis, \$10,000 annual appropriation; a division of infant and child hygiene, annual appropriation of \$10,000; a division of rural hygiene, annual appropriation of \$25,000; and a division of venereal diseases, annual appropriation of \$29,000. The state board of health was also given an increase of \$2,000 for the Laboratory of Hygiene and \$5,000 annually for the baby book. Perhaps the legislature was trying, in a way, to atone for killing the highly scientific, practical and most important all-time health officer bill. \_\_\_\_\_

CARRIE NATION and her hatchet came in for no little notoriety a few years ago, and the liquor dealers certainly feared Mrs. Nation, much more than they ever feared the law. The end desired by Mrs. Nation seems to be in view, and if that pugnacious woman were alive today, we wonder if she would turn her talents and her hatchet to some other cause, perhaps the stamping out of tobacco. What excitement and embarrassment would be created if someone with the Carrie Nation audacity walked up and with one fell swoop knocked a cigar from the mouth of a highly respected citizen, perhaps a clergyman or a priest. But who knows that such an episode may not be rather common in the near future, for we are told that tobacco will be the next thing to be put out of existence by those who have so valiantly fought the demon rum and accomplished its ruin.

THE Harrison Anti-Narcotic Law has been amended and the new amended act went into effect Feb. 24, 1919. All persons registered under the old act must be re-registered and the new tax be paid, irrespective of any previous tax that may have been paid. Likewise, a duly sworn inventory of all narcotics, drugs and preparations must be filed with the collector of internal revenue. The new law provides that the narcotics on hand Feb. 25, 1919, must bear a label indicating that they were on hand at that time. Failure to attach such label makes it possible for seizure by any inspector.

The new law may be an improvement upon the old, though we fail to appreciate that assumption and, as near as we can determine, the new law has about as many ambiguities and inconsistencies as were contained in the old law. However, if it serves the purpose, it deserves to be kept on the statute books, even though it is an awful nuisance and no little work to comply with all of the provisions.

DR. LEIGH F. WATSON of Chicago, in an article in the October, 1918, *Annals of Surgery*, describes a new incision for appendectomy. He explains the incision as follows:

A point  $1\frac{1}{2}$  inches from the right anterior, superior spine, on a level with a line connecting the two superior spines, is selected for the beginning of a vertical incision which extends directly downward for two to three inches to a point just above and to the inner side of the internal abdominal ring. He claims the advantages of this incision to be: (1) Traction to expose the appendix is avoided because this incision, in the external oblique and its aponeurosis, the most resistant structures, is directly over the base of the appendix. (2) It can be enlarged without weakening the abdominal wall. (3) The ilio-hypogastric and ilio-inguinal nerves are not injured because the incision lies between them. (4) Because this incision is made over the cecum, the small intestines do not crowd into the wound as they do when the McBurney and lateral rectus incisions are used.

THE Ohio Legislature defeated a bill exempting Christian Science from the provisions of the Medical Practice Act. The Ohio State Medical Association pointed out the dangers to public health involved in the passage of the Bill, and then frankly stated that the responsibilities connected with the passage of the Bill would lie entirely with the legislature. Realizing that the matter had been put up to them, and without the usual opposition on the part

of medical men, the members of the legislature wisely concluded that a great responsibility rested upon their shoulders and that they could not afford to enact legislation that would be a positive menace to the people. It may be that a repetition of the action of the Ohio medical men in not participating in political activities against measures that are inimical to public health will not turn out so well, for there is present constantly the possibility of having a legislature packed with delegates that are pledged to enact harmful legislation. But at all events, the fact remains that there is a tendency on the part of every man to be sobered by his sense of responsibility if it is clearly shown that a penalty follows as a direct result of his acts.

THE antivivisectionists and the antivaccinationists are resuming their former activity and now make a bid for an organization which will include practically all of the so-called schools of medicine except the regular. One would suppose that all sane persons would demand truth and fairness before accepting any statement that is offered to offset the work of thousands and hundreds of thousands of trained investigators covering a long period of time; and yet there are many people who are ready to entertain almost any suggestion that bears the imprint of antagonism to established facts. The antivivisectionists and the antivaccinationists always have resorted to the rankest kind of falsehoods and deception in order to further their aims, and probably will continue such tactics in the future. In view of the gullibility of so many people it becomes necessary to offset the evil influences and teachings of these fanatics by propaganda which will place the facts before the public. Our educational committees in all reputable medical organizations should get busy.

OUR attention has been called to an article upon "Disinfectants" which was published in the *Hillsboro Gazette* in December, 1827, copied from the *New York Times*. The "disinfectant" spoken of is chloride, and the article seems quite prophetic of the premier disinfectant and antiseptic now in use. The article begins with the following statement: "One of the most astonishing discoveries proceeding from the advanced state of science is that of a material to "disinfect" objects and places of the offensive vapors inherent in putrefactive masses, and also in confined and infected situations." It states further that "The chemical combinations of Chloride of Soda and Chloride of

Lime are the materials which possess the wonderful power of depriving substances of their offensive odors and of checking the putrefactive process." The article also brings out the use of the remedy in healing wounds, arresting mortification, modifying cancerous and other disagreeable tropical complaints; and closes with the following statement, "Our main inducements for giving this particular account is the hope that apartments and even streets may be disinfected, wherever yellow fever or contagious diseases appear, and to call the attention of those who can direct the proper application of the material to a subject of such universal interest."

WHEN the Harrison law for the control of narcotic drugs was pending, the medical profession gave it their hearty support because of its value as a public health measure. They cheerfully paid the annual registration fee of one dollar—which was merely a legal subterfuge, as it was only by imposing a tax that Congress could exercise any jurisdiction on the question—accepting that small burden for the sake of the public benefits to be derived from the measure, and gave their hearty cooperation to the enforcement of the law. It was without excuse, therefore, that Congress, at its last session, increased this registration fee to three dollars. The Harrison Law is of no special benefit to physicians, being purely for the benefit of the public, and if the expenses of administering the law are greater than the revenue derived from it, sufficient appropriation should be made out of public money derived from general taxation. Professional men paid an additional 8 per cent. income tax over and above what everybody else paid, and perhaps should be thankful that that was done away with when Congress passed the new taxation measure (which, of course, imposes a heavier tax on everybody), but abrogation of the 8 per cent. taxation is no excuse for tacking on an additional half million dollars to the medical profession on a measure that originally imposed the tax merely as a pretext. The action is a gross injustice, and the medical profession, through state and county medical societies, should bring this situation to the attention of their congressmen, and demand an amendment to the present law.

A BULLETIN issued by the state board of health concerning the campaign against venereal diseases reads as follows:

With the organization and machinery established and in working order, Indiana will be



benefited immediately by the campaign against venereal diseases, an appropriation for which was included in the recent legislative budget. The federal government appropriates a sum equal to that provided by the state. Under former appropriations the campaign has been instituted and is making considerable progress.

With clinics for the treatment of venereal diseases established and in operation in Indianapolis, Evansville, East Chicago, Anderson and Muncie, and reasonable assurances of others in Ft. Wayne, South Bend and Terre Haute, the Indiana program comprehends also carrying on educational campaign through rotary clubs, fraternal and religious organizations and every other available avenue until every community in the state has been reached. Rotary clubs in Anderson, Richmond, Logansport, Wabash, Kendallville, South Bend, Michigan City and Bloomington have indorsed the campaign and are supporting it actively. Modern Woodmen's lodges, as part of a nation-wide movement, are arranging public meetings in support of the work. As a result of "Health Sunday" recently observed in Indiana churches, more than 10,000 leaflets have been distributed to interested men and women, as a direct result of the 1,200 churches' participation.

The moving picture film, "Fit to Win," has been ordered for exhibition in Indiana, and will be available to supplement the lectures and printed matter now being distributed throughout the state, calling attention to the havoc wrought by venereal diseases, which kill four times as many people annually, statistics prove, as any other communicable disease.

The subject appealed to manufacturers of Anderson as a business proposition and they pledged financial support for a clinic in that city for a period of one year. East Chicago city council appropriated \$3,000 for the same purpose. Thirty-eight Indiana cities have ordinances for the reporting and quarantine of venereal diseases.

THE thing that has defeated armies and destroyed nations—that can defeat more armies and can destroy the human race—is certainly worthy of consideration and discussion, anywhere, any time, in any society.

From the standpoint both of morals and public health, no distinction can be made between the male and female prostitute.

The prevalence of venereal disease is an accurate moral index of the community. Indiana ranked highest in percentage of prevalence, of all States north of the Mason and Dixon's

line, as shown by the record of the first 1,000,000 soldiers inducted into service. Looks like time we Hoosiers should do some thinking!

A segregated district does not segregate venereal disease; it merely establishes a known center of infection, a municipally protected plaguespot.

No hospital supported wholly or in part by public funds can logically refuse admittance to cases of venereal disease, while admitting cases that are the direct result of venereal disease.

"Honeymoon Appendicitis" is not defined in any medical dictionary. It means gonorrhea transferred to an innocent young wife by a husband who has "sowed his wild oats" and thought himself cured.

The license issued to pharmacists by the State of Indiana includes neither the legal nor the moral right to "specialize" in the diagnosis and treatment of venereal diseases.

A certain college president in Indiana objected to the posting of educational placards on venereal diseases about his institution because he wanted to keep his students innocent of such knowledge. Why not have a study course in current history for college presidents?

Police court methods of dealing with infected prostitutes by means of fines are both farcical and futile. Why not try treatment, education and social service?

The United States showed the world that venereal diseases are not necessarily "camp-followers." Now let the United States show the world that venereal diseases are not necessarily "war-followers."

Let's come through clean.—*Monthly Bulletin, Indiana State Board of Health*, December.

---

## DEATHS

---

HARRY WEIST, M.D., formerly practicing physician of Richmond, ended his own life at his home in New York on March 6, age 51 years.

JOHN R. ELDER, M.D., died February 19 at his home at Bear Branch, age 39 years. He graduated from the Kentucky School of Medicine, Louisville, in 1905.

ELIAS TRUEBLOOD, M.D., Salem, died March 8 at the home of his daughter; age 88 years. Dr. Trueblood graduated from the Cincinnati School of Medicine in 1855.

THOMPSON R. BRADY, M.D., Wabash, died March 10, age 76 years. Dr. Brady was born in Wabash County, and graduated in medicine from Rush Medical College in 1869.

WILLIAM H. JOHNSON, M.D., Indianapolis, died suddenly March 26, age 63 years. Dr. Johnson graduated in medicine from the Central College of Physicians and Surgeons in 1877.

COMMODORE P. BARRETT, M.D., Mt. Vernon, died March 21. Dr. Barrett was born in Pike County and graduated in medicine from Hospital College of Medicine, Louisville, Ky., in 1898.

JAMES H. CARTER, M.D., died March 11 at his home in Seymour, following a stroke of paralysis. Dr. Carter was born in 1848, graduated in medicine from the Medical Department of the University of Louisville in 1879, and had practiced medicine in Johnson and Jackson counties for forty-five years. He was the first president of the Johnson County Medical Society and at the time of his death was acting secretary of the city Board of Health. He was a member of the Jackson County Society, the Indiana State Medical Association and the American Medical Association.

## NEWS NOTES AND PERSONALS

Anything in the line of physicians' supplies or equipment may be obtained from advertisers in *The Journal of the Indiana State Medical Association*. Patronize these advertisers for it means a continuance of their advertising patronage, and the latter means a larger and better Journal for you.

### GENERAL

DR. C. S. ROH, who recently located at Vera Cruz, has removed to Iowa.

DR. E. C. KOHLMAN of Indianapolis has received his discharge from military service.

DR. and MRS. A. J. CLARKE of Indianapolis have returned from an extended trip through the South.

DR. O. H. SWANTUSCH has removed from Metz to Angola for the general practice of medicine.

DR. A. T. CUSTER of Linton has resumed practice after taking a post-graduate course in Chicago.

DR. B. R. SMITH of Connersville spent part of the month of March on a hunting and fishing trip in Florida.

DR. D. L. CLUTES has received honorable discharge from military duty and has reopened his office at Laud.

DR. and MRS. G. W. SEATON have returned to Indianapolis after having spent a year in Washington, D. C.

DR. C. A. WALTON of Woodlawn, Ill. has purchased the practice of the late Dr. George Hockett at Anderson.

DR. NETTIE B. POWELL of Marion has returned and resumed practice following an extended visit in New Orleans.

DR. M. F. GARRISH of Seymour has been appointed secretary of the city board of health to succeed the late Dr. J. H. Carter.

DR. WILLIAM J. NORTON, who recently removed from Hope to Columbus for the practice of medicine, has returned to Hope.

DR. GEORGE R. OSBORN of Laporte, with the American Expeditionary Forces in Paris, has been promoted to the rank of major.

DR. W. L. MISENER, Richmond, who is now located at LaRoche, France in military service, has been promoted to the rank of captain.

DR. P. L. FERRY of Akron gave a very interesting talk on his army experience before the Fulton County Medical Society on March 21.

DR. ERNEST COOPER of Plainsfield spent the month of March at the Illinois Post-graduate School and Hospital, Chicago, in post-graduate work.

DR. SIMON J. YOUNG, formerly of Valparaiso, is now located in Gary for the practice of medicine and surgery with offices at 522 Broadway.

DR. A. C. ARNETT of Lafayette, who has been in France for the past year and a half in military service, has been promoted to the rank of major.

NURSES of Base Hospital No. 32 which left Indianapolis in September, 1917, arrived in Hoboken on the steamship *American* on March 13.

A FREE venereal clinic was established in Anderson early in March, under the direction of Dr. James Davis of the Government Health Service.



A NEW hospital, to be known as the Booth Memorial Hospital, has been erected by the Salvation Army at 314-18 East 15th St., New York City.

---

DR. DELZIE LEE, formerly of Shelbyville, recently mustered out of military service, has located at Alert, Decatur County, for the practice of medicine.

---

DR. W. C. BLACK, formerly of Geneva, but in recent years located at Tulso, Oklahoma, recently took his own life by drinking carbolic acid in a Detroit hotel.

---

DR. GEORGE W. CAMPBELL of Louisville, Ill., has located at Winamac, where he will be associated with his brother, Dr. C. S. Campbell, in the practice of medicine.

---

ACCORDING to the report of the Registrar General, the total number of deaths from influenza in England and Wales during the last quarter of 1918 was 98,998.

---

DR. CHARLES E. SAVORY of South Bend left the middle of March for the East to spend a year in post-graduate work, specializing in eye, ear, nose and throat work.

---

LIEUT.-COL. F. A. TUCKER, who has been in charge of Base Hospital No. 51 near Verdun since last August, has returned to Noblesville and resumed private practice.

---

WABASH COUNTY, at their recent election on March 19, voted by a majority of 492 to erect a \$100,000 hospital. Work on the new building is to begin in the near future.

---

DR. F. L. RESLER of Amboy was seriously injured March 14 when his auto overturned and pinned him beneath it. He suffered a broken hip and other injuries.

---

DR. HARRY L. FOREMAN, Indianapolis, has been appointed superintendent of the City Hospital to succeed Dr. Thomas L. Sullivan, whose resignation took effect last June.

---

DR. DAVIS STERN has resigned as house physician at Boehne Camp, the Vanderburg County Tuberculosis Hospital. Dr. Stern is to leave Evansville to take up other work.

---

WORD has been received concerning the promotion of Dr. Arthur J. Fletcher of Connersville to the rank of major in the Medical Corps of the United States Army in France.

DR. C. S. AUBLE of Indianapolis, stationed at Camp Merritt, New Jersey since last September on military duty, has received his discharge and returned to private practice.

---

CAPT. GEORGE W. ANGLIN of the Warsaw clinic is now located at Fort Snelling, Minn., where he has charge of the internal medical ward in a large reconstruction hospital.

---

MEMBERS of the Police Department of Indianapolis are to receive instruction in first aid treatment and sanitation work, under the direction of Dr. Herman G. Morgan, city sanitarian.

---

DR. J. H. CLARK of Connersville left early in March for an extended trip through the Northwest. He reports this is his first real vacation in a period of nearly half a century.

---

WORD has been received of the promotions to Captain of Lieuts. Paul T. Hurt and F. C. Walker, both of Indianapolis. Both have served with Base Hospital No. 32 in France.

---

DR. E. E. LONG of Shoals has been appointed Health Commissioner of Martin County. He has also recently received the appointment of local surgeon for the B. & O. R. R. Company.

---

DR. E. E. LONG of Shoals expects to leave early in May for Washington, D. C., Baltimore and New York, where he will take post-graduate course. Mrs. Long will accompany him.

---

LIEUT.-COL. CARLETON McCULLOCH of Indianapolis, who went to France with Base Hospital No. 32, has been cited for bravery by the French government and awarded the Croix de Guerre.

---

AMONG American Army medical officers decorated by the British government for bravery and distinguished service in the war is First Lieut. James W. Aldridge of Covington, Indiana.

---

DR. A. P. ROOPE of Columbus, in military service for the past several months, has been promoted to the rank of lieutenant-colonel. He expects soon to be returned to the United States.

---

CAPT. HERBERT T. WAGNER of Indianapolis, with the American Red Cross in France, writes of an interesting experience in traveling on the first train to run from Paris to Berlin in four years.

DR. BENJAMIN POTTER, formerly superintendent of the Marion County Home for the Incurably Insane, later of Artesia, California, has located at Enterprise for the practice of medicine.

---

DR. JOHN C. DIGGS of Indianapolis has been promoted to a captaincy in the United States Public Health Service. Captain Diggs is with the Sanitary Corps of the American Army overseas.

---

DR. C. R. GRAHAM, formerly of Bryant has taken over the practice of his brother, Dr. O. M. Graham of Bourbon. Dr. O. M. Graham has gone to Florida for an indefinite stay because of ill health.

---

DR. G. H. BRODBECK of Roann has suffered from severe facial paralysis following an attack of influenza. He is reported in a critical condition and has been taken to the Huntington Hospital for treatment.

---

WORD has been received of the promotion of Dr. H. O. Bruggeman, Ft. Wayne, Indiana, from the rank of major to lieutenant-colonel. Lieutenant-Colonel Bruggeman is still in military service in France.

---

ACCORDING to reports received from France, Dr. C. E. Johnson of Francisville was injured while near the firing line in September. He was a victim of a gas attack and also wounded in the legs by shrapnel.

---

CAPT. ARTHUR E. GUEDEL, who has served as consulting anesthetist for Base Hospitals No. 32, 31, 36 and 23 at Vittel, France, for the past nineteen months, has returned to Indianapolis and resumed practice.

---

MISS IDA SPAETH, Red Cross nurse acting as field nurse for the Indiana Tuberculosis Association, has established an office in the Studebaker Bank Building at Bluffton. Her work includes all of Wells County.

---

THE Irene Byron Tuberculosis Hospital, Allen County, was opened to the public early in April. Miss Mary Isenberg of Altoona, Pa., has been secured as head nurse, and Dr. L. I. Offner as superintendent.

---

DR. A. G. OSTERMAN of Seymour has been selected speaker by the Service Welfare Commission for the fourth district, and will deliver addresses throughout the district on the prevention of venereal disease.

---

CAPT. JAMES B. MAPLE, who has been serving in the Medical Reserve Department of the Army, Houston, Texas, has received his discharge and has returned to Shelburn for the practice of medicine.

---

DR. ALLEN HAMILTON announces his return from military service, and the resuming of his practice of medicine. His office is located at 337 W. Wayne Street, Ft. Wayne, Ind., with hours 1 to 3, and 7 to 8 p. m.

---

DR. W. F. KING, director of the Bureau of Venereal Diseases, Indiana State Department of Health, announces the opening of a free clinic at Muncie. The clinic is under the management of Dr. E. C. Davis.

---

CAPT. CHARLES F. BAYER, recently returned from military service as commanding officer of Field Hospital 236, and instructor in the 9th Division, has returned to Indianapolis and resumed the practice of medicine.

---

MAJOR ALEXIS CARREL, M. C., United States Army who has been serving with the French army in the Montdidier section, has returned to New York and resumed his work at the Rockefeller Institute for Medical Research.

---

WORD has been received of the promotion of Dr. Claud C. Crumb of Jeffersonville to the rank of major in the Medical Corps. Major Crumb has been in service overseas for more than a year, and is still at Savenay, France.

---

DR. GEORGE F. SMITH of Bicknell, Knox County, whose license to practice medicine in Indiana was revoked recently by the State Board of Medical Regulation and Examination, is to appeal his case, according to report.

---

DR. HOMER WOOLERY of Bloomington, who has been assistant surgeon for some time at the Great Lakes Naval Training Station at Chicago, has been promoted to past assistant surgeon. He expects to be in the service indefinitely.

---

DR. G. W. H. KEMPER of Muncie has a copy of what he thinks is the first medical book printed in Indiana. It is an "Eastman's Treatise," printed at Connersville in 1845. The author was Dr. Buell Eastman who came to Connersville in 1844.



DR. A. O. TRUELOVE, late of the United States Medical Corps and formerly located at Warsaw, Ind., has opened a roentgen-ray and pathology laboratory in Ft. Wayne, to be known as the Central Roentgen Ray and Pathological Laboratory.

THE Methodist Hospital at Indianapolis is a recipient of a gift of 207 acres of land valued at \$40,000, from Mrs. Dora Adams of Frankfort. It is probable that the proceeds will be used for the building of a nurses' home adjacent to the hospital.

DR. HOLLACE ROYSTER, who has been associated with the staff of physicians at Cook County Hospital, Chicago, for the past eighteen months, has located at Frankfort, where he will be associated in the practice of medicine with Dr. W. L. Hammersley.

WORD has been received concerning the serious illness of Capt. Fred Metts of Bluffton. Captain Metts has been in military service in France for the past few months, was returned to New York because of his health, and is now lying very ill in a New York hospital.

DR. D. M. REYNOLDS has returned from service in the United States Army where he was assigned to oral surgery with Evacuation Hospital No. 46. He has located at 350 Newton Claypool Building, Indianapolis, and will specialize in eye, ear, nose and throat work.

DR. WILLIAM H. CRISP of Denver, Colorado, editor of *Colorado Medicine* since June, 1914, has resigned the editorship and retired to private practice. Dr. F. B. Stephenson of Denver, Colorado, who has served as associate editor, has been appointed editor of the publication.

DR. ARTHUR T. FAGALY of Lawrenceburg, who resigned as secretary of the Dearborn County Board of Health several months ago, prior to entering military service, has been mustered out, returned to Lawrenceburg and again appointed to the duties of his former office.

THE men's building of the Eastern Indiana State Hospital for the Insane at Richmond was burned on March 5. Twenty-two bedridden patients were moved without injury; one patient was burned to death, and another is not accounted for. The property loss amounted to \$25,000.

DR. A. L. PALMER of Logansport, who suffered a breakdown from arduous duties in connection with the influenza epidemic last fall, and who has been under the care of Chicago specialists for the past few weeks, has gone to Florida, where he will spend several months recuperating.

STUDENT nurses in the Army School of Nursing at Washington, D. C., who did not wish to complete the course were demobilized and issued transportation to their homes early in April. Those desiring to complete the course and obtain their diplomas are retained in the school at Washington.

DR. S. V. WILKING of Butte, Montana, formerly physician at Roanoke and recently discharged from military service, spoke at a recent meeting of the Huntington County Medical Society. Dr. Wilking told of army conditions, the advantages of military training and other interesting army notes.

AT a recent meeting of the General Education Board, founded by John D. Rockefeller, \$400,000 was set aside as an endowment for a Department of Obstetrics for the Johns Hopkins Medical School in Baltimore; and \$150,000 was donated to the Meharry Medical College in Nashville, a school for negroes.

MAJOR-GENERAL WILLIAM C. GORGAS, recently retired from office of Surgeon-General of the United States Army, has resumed his position as Chief of the Rockefeller Commission on Yellow Fever, and will soon sail for Central America to supervise the studies that are being carried on there by the Rockefeller Institute.

THE Roaldes prize, amounting to \$200, is offered by the American Laryngological Association in general competition for the best thesis upon some subject directly connected with laryngology or rhinology. Papers must be in the hands of the secretary, Dr. D. Bryson Delavan, 40 E. 41st Street, New York City, on or before June 1.

It is reported that Army General Hospital No. 35 at West Baden, Indiana will be abandoned on June 30 at the expiration of the present lease, and no patients will be sent there after May 1. General Hospital No. 39 at Long Beach, Long Island, New York, also is to be abandoned as soon as patients now interned there can be transferred.

MAJOR JOHN R. NEWCOMB, who has been on duty since May 18, 1916, in the Department of Ophthalmology in the attending surgeon's office at Washington, D. C., has returned to Indianapolis and resumed his practice. Major Newcomb entered the service with the commission of captain and was promoted to the rank of major in August, 1918.

THE hospital program of the Methodist Centenary Movement calls for the expenditure of \$2,288,624 in foreign lands during the next five years. Forty-five new hospitals and twenty-four dispensaries will be built. The church now has twenty-six hospitals abroad and conducts forty in the United States, valued with their endowments at \$15,626,343.

DURING March the following articles have been accepted by the Council on Pharmacy and Chemistry for inclusion with New and Non-official Remedies:

Swan-Myers Company: Swan's Mixed Acne Bacterin (No. 41); Swan's Pertussis Bacterin (No. 38) (Prophylactic); Swan's Mixed Furunculosis Bacterin (No. 39); Swan's Typhoid-Paratyphoid Bacterin (No. 42) (Prophylactic).

WORD has been received from Dr. A. E. Fauve of Ft. Wayne (chief surgeon of a hospital train in France for more than a year and a half) to the effect that upon making a long-promised visit to the home of his parents at Bourges, France, he arrived just in time to attend the funeral services of his mother. Dr. Fauve had had no intimation of his mother's illness prior to his visit.

MEN and women doctors in London have set about to secure what they deem to be their rights, through the organization of a trade union. The "Union," which is being formed under the direction of the Medico Political Union, is for the purpose of dealing with the government through the latter's proposed ministry of health. It is the purpose of the "Union" to become affiliated with the Labor Party and the Trade Union Congress.

THE Wabash County Medical Society held its regular meeting at Wabash on March 20 with the following program: "Spanish Influenza," Dr. L. O. Sholty of Wabash; "Complication and Sequelae," by Dr. James Wilson of Wabash; discussion led by E. D. Piercon and Dr. James Rodger. A paper on Public Health Service and Venereal Diseases was read by Dr. E. S. Eckhart of Marion. An informal smoker and general discussion followed.

THE forty-sixth semi-annual meeting of the Northern Tri-State Medical Association will be held in Elkhart April 30, 1919. The meeting and entertainment will be under the auspices of the Elkhart County Medical Association and the committee is arranging a splendid program. The early forenoon will be devoted to surgical clinics by surgeons of note at the Elkhart General Hospital. The main program will be given by specialists in their line. Dr. G. V. Brown of Detroit, Mich., is president of the Association and Dr. G. W. Spohn of Elkhart is secretary.

COL. F. F. RUSSELL, Army Medical School, Washington, D. C., is secretary of the temporary organization of Medical Veterans of the World War, and those interested may obtain application forms for membership from him. Physicians who rendered service to the government during the war as officers in the Medical Corps of the Army, Navy or Public Health Service, as contract surgeons in the Army or acting assistant surgeons of the Public Health Service, as medical members of local boards or members of Medical Advisory Boards are eligible for membership.

THE 13th District Medical Society held its annual meeting at Goshen, Thursday, March 20, under the direction of Dr. J. C. Fleming of Elkhart, president, and Dr. C. Norman Howard of Warsaw, acting secretary. The following papers were included in the program: "Renal and Ureteral Calculi," by Dr. D. Lespinasse of Chicago; "Blood Transfusion: Its Introduction and Practicability," by Henry W. Ableman of Chicago, and "Testing Kidney Function," by A. C. Yoder of Goshen. Banquet was held at the Alderman Hotel at 6:45 p. m.

"QUARTERLY MEDICAL CLINICS," edited by Dr. Frank Smithies, is the latest of a series of published medical and surgical clinics to emanate from Chicago. These published clinics represent a series of consecutive demonstrations and lectures held by Dr. Smithies at Augustana Hospital. The first volume presents fifteen case histories on a variety of common pathological conditions which are likely to fall to the lot of any physician. It is more than a mere detail of symptoms and operations entering as it does into the details of technic, special physical examination and other valuable details.



A DEMONSTRATION of the value of an aero-plane ambulance was given when Lieut. David Gray, a convalescent aviator of the Royal Air Forces was brought by seaplane from the Naval Air Station at Far Rockaway to St. Luke's Hospital, Amsterdam Avenue and 113th Street, New York in forty-nine minutes. The actual flight from Far Rockaway to the foot of 96th Street, a distance of 18 miles, occupied only sixteen minutes. From there the patient was transferred by ambulance to the hospital. The demonstration was looked upon as a decided success.

DR. ALICE HAMILTON of Chicago, formerly of Ft. Wayne, Indiana, has been appointed assistant professor of industrial medicine in the Harvard Medical School, and is the first woman to hold a position on the Harvard University faculty. Dr. Hamilton obtained her degree of medicine from the University of Washington in 1893, was professor of pathology at the Woman's Medical College of Northwestern University for three years, and served as bacteriologist to the Memorial Institute for Infectious Diseases in Chicago for eight years. Since 1910 she has been engaged in investigating industrial poisons for the Federal Department of Labor.

It is announced that extensive work in public health and medical education, and the completion of its war work, will compromise the program of the Rockefeller Foundation for the year 1919. The estimated income of the fund for 1919 is \$6,750,000, and against this the budget provides for \$2,367,130 for public health and \$3,726,504 for medical education. The other items of the budget are \$103,000 for miscellaneous payments on long term appropriations and \$146,662 for administration. Of the income received in 1918, \$2,787,406 has been brought forward to be used to meet appropriations for war work made in 1918, but yet to be paid.

THE Indiana State Board of Health in the Monthly Bulletin for December gives the following report of deaths from influenza-pneumonia for the months September, October, November, December, 1918. The report is given according to ages of victims: Under 1 year: September, 37; October, 259; November, 141; December, 194; Total, 631. 1 to 5 years: 24; 303; 348; 295; total, 970. 5 to 10 years: 5; 126; 126; 127; 384. 10 to 15 years: 4; 117; 97; 129; 347. 15 to 20 years: 4; 237; 197; 205; 643. 20 to 30 years: 25; 1,037; 639; 713;

2,414. 30 to 40 years: 18; 733; 564; 650; 1,965. 40 to 50 years: 24; 185; 175; 213; 597. 50 to 60 years: 15; 104; 71; 106; 296. 60 to 70 years: 5; 77; 78; 96; 256. 70 and over: 30; 113; 93; 106; 342. Grand total, 1918: 191; 3,291; 2,529; 2,834; 8,845.

EXECUTIVES of the Red Cross Organization of France, Great Britain, Italy, Japan and the United States recently met in conference at Cannes, France, preparing a program for universal improvement to be submitted to a congress of Red Cross delegates to be held at Geneva under the auspices of the International Committee of the Red Cross, thirty days after the treaty of peace shall have been signed. The campaign contemplates a great movement for the prevention as well as the relief of distress. Health experts of many nationalities are lending their advice and support to the cause. The conference at Geneva at the conclusion of peace, will be the most important ever held by the Red Cross, and is expected to result in a unification of effort of every Red Cross society in the world. The coordination begun during the war will be extended along clearly defined lines.

THE United States Interdepartmental Social Hygiene Board through its Executive Secretary, Dr. T. A. Storey, 1800 Virginia Avenue, N. W., Washington, D. C., announces the following appropriations from the Scientific Research Fund of the Board:

LELAND STANFORD JUNIOR UNIVERSITY MEDICAL SCHOOL

- (1) "Investigation into more effective treatment in acute and chronic gonorrhea," under the direction of R. L. Rigdon, M.D., clinical professor of genito-urinary surgery, and A. B. Spalding, M.D., professor of obstetrics and gynecology.....\$2,300
  - (2) "The permeability of the meninges to antisyphilitic drugs—an attempt to increase their permeability," under the direction of H. G. Mehrtens, M.D., clinical professor of neurology..... 2,300
  - (3) "Investigation into more effective methods of treating syphilis," under the direction of H. E. Alderson, M.D., clinical professor of dermatology..... 2,600
- Total .....\$7,200

UNIVERSITY OF MICHIGAN, COLLEGE OF MEDICINE AND SURGERY

- (1) "A research for an improved method of demonstrating the spirochaeta pallida in human tissues," under the direction of A. S. Warthin, M.D., professor of pathology .....\$6,000

FROM Indianapolis comes the announcement that Dr. A. Parker Hitchens, one of the foremost bacteriologists in the United States, has accepted an appointment as associate director of the biological division of the Lilly laboratories. Dr. Hitchens was associated with the H. K. Mulford Company for eighteen years, and during the last ten was director of its biological laboratories. In 1918 he was com-



DR. A. PARKER HITCHENS

missioned a major in the medical corps and took up his duties in Washington at the Army Medical School, devoting practically all of his time to a study of influenza. Upon discharge from active service he was commissioned Lieutenant-Colonel in the Medical Reserve Corps. Dr. Hitchens has been secretary of the Society of American Bacteriologists for a number of years and is editor of the organization's publication, *Abstract of Bacteriology*.

At the final meeting of the central governing board of the Volunteer Medical Service Corps, held at Washington, March 14, Dr. Edward P. Davis paid tribute to the patriotism of American civilian doctors who enlisted in the Volunteer Medical Service Corps by referring to their action as a "very striking demonstration of American spirit." A report submitted at the meeting showed that nearly 70,000 applications had been received from physicians for membership in the Corps, of which 56,540 had been received and coded prior to the signing of the armistice, Nov. 11, 1918. Qualifications of these doctors, classified and coded on cards,

will be placed in the library of the Surgeon-General of the Army, where they will be accessible to all governmental departments for all time to come. With the, approximately, 40,000 medical officers additional, who are in the army, navy and public health service, practically all of the able-bodied, eligible doctors of the country will be listed, available for the nation's needs. Usually there are said to be about 150,000 physicians in the United States, but this includes a large proportion of superannuated, disabled or ineligible. Dr. Franklyn Martin, chairman of the General Medical Board of the Council of Defense, expressed his warm appreciation of the cooperation he has received from the medical profession of the country, and his firm belief in the value of the records of the Volunteer Medical Service Corps. This meeting was the final held prior to the termination of the war activities of the Corps on April 1.

The United States Civil Service Commission announces an open competitive examination for medical assistant; for men only. A vacancy in the Bureau of Chemistry, Department of Agriculture, Washington, D. C., at \$2,000 a year, and future vacancies requiring similar qualifications at this or higher or lower salaries, will be filled from this examination, unless it is found in the interest of the service to fill any vacancy by reinstatement, transfer or promotion. The duties of this position will be to review the statements of therapeutic and curative effects of proprietary medicine; to familiarize oneself with the current therapeutic literature of the various schools of medicine; to assist in the preparation and trial of cases under the Food and Drugs Act, etc. Ability to translate foreign medical literature is desirable. Competitors will not be required to report for examination at any place, but will be rated on the following subjects, which will have the relative weights indicated:

Subjects	Weights
1. General education and medical training.....	35
2. Practical or professional experience and fitness .....	45
3. Publications or thesis (to be filed with the application) .....	20
Total .....	100

*Under the first two subjects competitors will be rated upon the sworn statements in their applications and upon corroborative evidence adduced by the Commission.*

Applicants must show that they have at least an academic degree, that they are grad-



uates from a medical school of recognized standing, and that they have had at least six years' subsequent experience in the practice of medicine or two years' subsequent experience in pharmacological investigations.

If a thesis is submitted under the third subject, it must be of at least 500 words and must present the results of original investigational work on the part of the applicant in some phase of medicine or pharmacology, or be a discussion of any one of the following subjects: (1) What evidence is necessary to establish the therapeutic value of a drug preparation? (2) What is the value of the "patent" medicine? (3) What are the principles of the treatment of disease?

Applicants will be admitted to this examination regardless of their age, but at the request of a department making appointments certification will be made of eligibles who are within reasonable age limits. Applicants must submit with their applications their unmounted photographs, taken within two years, with their names written thereon. Proofs or group photographs will not be accepted. Applicants will be admitted to this examination regardless of their residence and domicile; but only those who have been actually domiciled in the state or territory in which they reside for at least one year previous to the examination, and who have the county officer's certificate in the application form executed, may become eligible for permanent appointment to the apportioned service in Washington, D. C. This examination is open to all male citizens of the United States who meet the requirements.

Applicants should at once apply for Form 2118, stating the title of the examination desired, to the Civil Service Commission, Washington, D. C.; the Secretary of the United States Civil Service Board, Customhouse, Boston, Mass., New York, N. Y., New Orleans, La., Honolulu, Hawaii; Post Office, Philadelphia, Pa., Atlanta, Ga., Cincinnati, Ohio, Chicago, Ill., St. Paul, Minn., Seattle, Wash., San Francisco, Calif.; Old Customhouse, St. Louis, Mo.; Administration Building, Balboa Heights, Canal Zone; or to the Chairman of the Porto Rican Civil Service Commission, San Juan, P. R. Applications should be properly executed, excluding the medical certificate, and must be filed with the Civil Service Commission, Washington, D. C., with the material required, prior to the hour of closing business on May 13, 1919.

*The exact title of the examination should be stated in the application form. Issued March 25, 1919.*

IN view of the termination of the war activities of the General Medical Board and Medical Section of the Council of National Defense, Secretary of War, Newton D. Baker, who, as chairman of the Council, appointed the members of the General Medical Board, has written a personal letter to each of the seventy-five prominent physicians and surgeons comprising the Board, expressing appreciation for their services and thanking them on behalf of the government. Dr. Franklin Martin, chairman of the General Medical Board, has also written thanking the members of the State and County Committees which for two years have worked under the direction of the Board.

"In terminating the relations between these organizations and the officials with whom they cooperated and worked so effectively," said Dr. Martin, "while one cannot complain that the war is over, yet a feeling of regret must inevitably arise at the severing of such close connections engendered by the friendship and comradeship that are the natural outgrowths of such important associations."

Secretary Baker's letter:

#### WAR DEPARTMENT

WASHINGTON

My dear Doctor:

Dr. Franklin Martin advises me that the work of the General Medical Board of the Advisory Commission of the Council of National Defense is now nearing completion and that the board will be dissolved on April 1.

I cannot permit the occasion to pass without expressing my grateful appreciation of the work which you have done and the singleness of spirit with which your associates and yourself have devoted themselves to the great work which was placed in the hands of the General Medical Board of the Council of National Defense. While it would be invidious to make any appraisal of the work of your board in comparison with that of any other agency organized in the emergency, I need not, I know, assure you that the government appreciates deeply and genuinely the great and essential contribution which has been made by the Medical Board in the mobilization of the civilian profession, its classification as to specialties and fitness, and in the preparation and organization of information which would enable the Department to secure from the manufacturers of the country the vitally necessary instruments and supplies for the medical care and attention of our men in the field.

Since the cessation of hostilities the work of the Board has been rounded out to completion. I beg you to accept for yourself and your associates this expression of my deep appreciation of the service which you have rendered to the country.

Cordially yours,

NEWTON D. BAKER,  
Secretary of War.

Dr. Martin's letter to the members of the State and County Committees:

### COUNCIL OF NATIONAL DEFENSE

WASHINGTON

March 25, 1919.

From: Chairman, General Medical Board, Council of National Defense.

Subject: Termination of War Activities.

Upon the signing of the armistice on November 11, 1918, the strenuous war time activities of the committees of the Medical Section of the Council of National Defense automatically ceased. As the unfinished business in the hands of the committees at that time is now approaching completion, you are hereby notified of the termination of your war duties as a State Committeeman on April 1, 1919.

Not until the history of our part in the great war is written will the people realize the important rôle the medical profession of the United States played in making our country a deciding factor in winning the war. Do you realize that in the year before our entry into the conflict the commissioned officers in the Medical Departments of the Army and the Navy numbered less than 500 in each service, and that practically 40,000 civilian doctors had been added to these two Corps by the time hostilities had ceased? When the story is told of the enrollment of these thousands of doctors, it must give the largest credit to our many state and county committees who labored so patriotically and continuously to carry out the recommendations of the organizations under which they worked, the Council of National Defense, and thus aided the administrative departments of the Surgeon-Generals of the Army, the Navy, the Public Health Service and the Provost Marshal-General.

The work of these committees under the direction of the General Medical Board had to do with activities of which the following is a brief summary: Recruiting medical officers; standardization of medical and surgical supplies; cooperation in controlling venereal diseases; mobilizing 5,000 dental surgeons; establishing committees on hygiene, sanitation, general surgery, orthopedic surgery, ophthalmology, otology, rhinology, and laryngology, general medicine, nursing, women physicians and medical schools; organizing medical advisory boards; the study of industrial medicine; securing through legislation increased rank for reserve medical officers, and finally, individual classification of the members of the profession through the medium of the Volunteer Medical Service Corps.

I want you to know that those of us who have had the responsibility of organizing and enrolling the medical profession and resources appreciate the value of your work and thank you for it from the bottom of our hearts. This includes the Secretary of War, who presides over the Council of National Defense, the Secretary of the Navy, who is one of its members, and the President of the United States, who appointed the Council and on two occasions has said, in speaking of our state and county committees: "Will you not be kind enough to convey to them a message of sincere appreciation from me of their services as authorized governmental agencies?" . . . The health of the Army and the Navy and the health of the country at large is due to the cooperation which

the public authorities have had from the medical profession."

Finally, in sending this communication to you after our two years of stressing work together, I want to thank you personally for your ever prompt response to my calls for help and for the evidence you have always shown me of your loyalty, fidelity and friendship.

Yours very truly,

FRANKLIN MARTIN.

Chairman, General Medical Board, Council of National Defense.

## SOCIETY PROCEEDINGS

### INDIANAPOLIS MEDICAL SOCIETY

Meeting of the Indianapolis Medical Society was called to order Tuesday, March 11-19, Hotel Washington, by the president, Dr. C. F. Neu.

Dr. William Engelbach of St. Louis gave an illustrated talk on Diseases of the Pituitary Glands. No abstract.

Dr. Vogt, also of St. Louis, discussed this subject from the standpoint of the gynecologist and emphasized the point that the cases in which good results were not obtained from pituitary extract were those in which proper diagnosis was not made. Said it was useless to give extract of the anterior lobe when the condition present was due to a posterior or middle lobe diseases.

Dr. Emerson said the essayist had awakened us to our errors in diagnosis. He described the use of the term neurasthenia as being responsible for many failures in diagnosis. Had not had very marked results in the treatment of pituitary conditions.

Said pituitary gland is behind the defects shown in other glands.

Dr. Sterne said he had been interested in this subject for a number of years and had done some investigations. In main he had had poor results in the treatment of this type of cases.

The "hypo" cases yielded better to medicine. The "hyper" cases yielded better to surgery. Said he had no results in the treatment of epilepsy by the use of extracts of this gland. He mentioned a case of pituitary gland disease that he had cleared up by frequent drainings of the spinal canal and emphasized the necessity for extensive drainings. The column should be drained nearly dry.

Dr. Engelbach said in closing that treatment in "hypo" cases gets results in 50 per cent. of cases. Treatment depends upon correct diagnosis of the part of the gland involved.

Anterior lobe can be given in any amount. He gives it up to point where results are obtained. Care must be exercised in giving of the posterior lobe. He gives this to point of bowel disturbance. These substances have not been standardized.

The society gave a rising vote of thanks to Drs. Engelbach and Vogt for their presence and their very excellent presentation.

Attendance, ninety-three.

Society adjourned.

DR. A. L. MARSHALL, Secretary.



### DELAWARE-BLACKFORD

The regular meeting of the Delaware-Blackford Medical Society was held in the Muncie Y. M. C. A. Building, March 7, with president C. E. Miller in the chair.

C. M. Mix presented a ten-weeks-old baby on whom he had operated for spina bifida. Before the operation there was paralysis of the lower extremities and fecal incontinence. Both conditions were reported much improved and the wound was healed.

W. O. Hollis recently released from government service made the principal address of the evening.

Dr. Hollis stated that, since he had been asked to "entertain" the society, he took it that he was expected to make some sort of a report on his experiences in the service, while attached to the ear, nose and throat department of the attending surgeon. He spoke praisingly of the efficiency of Major W. C. White, chief of that department, and of Major John Ray Newcomb, chief of the eye department. He discussed some of the diseases and conditions that were not so common in private practice, but in such a large clinic, quite frequently seen and treated.

Vincent's Angina.—"Not much to be found in textbooks concerning it. Is a membranous, inflammatory process of the mouth, tonsils and pharynx, which frequently becomes ulcerous and gangrenous. Has been given the name of "Trench Sore Mouth." Due to two organisms: a fusiform bacillus and a spirillum. Occurs where there is overcrowding, but not necessarily unhygienic conditions. Is communicated by close and direct contact with the organisms. Sometimes hard to recognize clinically and very hard to culture. A microscopical smear usually shows the two organisms that bear Vincent's name. The spirillum is a sort of scavenger that accompanies the other organisms, same as the "ameba" in pyorrhea alveolaris. Liable to be errors in differentiating it from diphtheria and syphilis; and Vincent's may accompany either infection; therefore the Klebs-Loeffler bacillus should be looked for and a Wassermann made in all cases. The aid of the dentist is indispensable in the successful treatment of a great many cases. Abscesses about the gums, diseased tonsils, pyorrhea, syphilis and general neglect of the mouth and pharynx predispose to the infection. The symptoms vary all the way from almost nothing to most anything one can think of. Very seldom is the temperature above normal. The cicatrix in a healed case may be mistaken for a former syphilis infection.

Mycosis.—"Rare, except in large clinics. All textbooks quote Dr. George B. Wood. Very little written. Characterized by development of large, horny, white masses, projecting from the tonsillar crypts and follicles about base of tongue. Bleed freely on forcible removal, soon to return. Not painful unless encroach upon sensitive tissue, and may be discovered only by accident, while examining throat. Deep electro cauterization over a small area at a time about the only way to cure. If masses protrude from follicles of tonsils—tonsillectomy is indicated.

Dr. Hollis pleads for the roentgen-ray examination of every suspected case of mastoiditis. "If the antrum and cells are filled with pus and granulation tissue, the plates will not look distinct. Cell walls

that are broken down from necrosis show very dull and give the appearance of a cavity.

"In the normal mastoid, the stereo-roentgenograms show the cells and their walls clear and distinct. The plates may not only show whether it is necessary to operate immediately, but also give valuable information about the operative field."

Submucous Reactions.—"They should be properly selected and properly done. Idea is to restore the nasal septum to as nearly perfectly straight condition as possible, and to equalize the air pressure; by so doing to facilitate normal breathing and drainage from the sinuses. It is an offense against conservative surgery to remove the inferior turbinate even upon the side of the deflection. Place the septum where it belongs and leave the turbinate alone. We were astonished at the number of individuals that had their turbinates removed, but were not surprised at their discomfort."

Tonsillectomies.—"We should be careful not to criticize other surgeons too severely. No surgeon is sure he has removed all lymphoid tissue, especially in the very young; it happens to all." The indications and contraindications for tonsillectomy were given in a summary from the report of 1,000 tonsil and adenoid operations at the Johns Hopkins Hospital (Bull. Johns Hopkins Hosp., January, 1917).

The subject was discussed by Drs. Kirklin, Bowles, Sellers, Mix and Wadsworth.

Adjourned.

H. D. FAIR, Secretary.

## THE TRUTH ABOUT MEDICINES

### NEW AND NONOFFICIAL REMEDIES

Since publication of New and Nonofficial Remedies, 1919, and in addition to those previously reported, the following articles have been accepted by the Council on Pharmacy and Chemistry of the American Medical Association for inclusion with "New and Nonofficial Remedies":

TANNIN ALBUMINATE EXSICCATED-MERCK.—A compound of tannic acid and albumin thoroughly exsiccated and containing about 50 per cent. tannic acid in combination. It was first introduced as tannalbin. The use of tannin albuminate is based on the assumption that the tannin would pass the stomach largely unchanged, and thus the astringent action be exercised in the intestine where the compound would be decomposed by the intestinal fluid. It is used in diarrhea, particularly that of children and in phthisis. Merck and Co., New York.

TANNIN ALBUMINATE EXSICCATED-MERCK TABLETS, 5 GRAINS.—Each tablet contains 5 grains tannin albuminate exsiccated, Merck. Merck and Company, New York (*Jour. A. M. A.*, March 1, 1919, p. 653).

NEOARSAMINOL.—A brand of neoarsphenamine complying with the N. N. R. standards (see New and Nonofficial Remedies, 1919, p. 41). Neoarsaminol is supplied in tubes containing respectively, 0.15 gm., 0.3 gm., 0.45 gm., 0.6 gm., 0.75 gm. and 0.9 gm. Neoarsaminol is manufactured under the "neosalvar-san patent" by license of the U. S. Federal Trade Commission by the Takamine Laboratory, Inc., New York.

**SWAN'S MIXED ACNE BACTERIN (No. 41).**—Marketed in 6 c.c. vials, each cubic centimeter containing 25 million killed acne bacilli and 500 million killed *Staphylococcus pyogenes-albus*. For a discussion of "Acne" vaccine, see New and Nonofficial Remedies, 1919, p. 296. Swan-Myers Company, Indianapolis, Ind.

**SWAN'S PERTUSSIS BACTERIN (No. 38) (PROPHYLACTIC).**—Marketed in packages of three 1 c.c. vials, containing, respectively, 50, 100 and 200 million killed pertussis bacilli. For a discussion on Pertussis Bacillus Vaccine, see New and Nonofficial Remedies, 1919, p. 287.

**SWAN'S MIXED FURUNCULOSIS BACTERIN (No. 39).**—Marketed in 6 c.c. vials, each cubic centimeter containing 500 million killed *Staphylococcus pyogenes-aureus* and 500 million killed *Staphylococcus pyogenes-albus*. For a discussion of *Staphylococcus* Vaccines, see New and Nonofficial Remedies, 1919, p. 289.

**SWAN'S TYPHOID-PARATYPHOID BACTERIN (No. 42) (PROPHYLACTIC).**—Marketed in packages of three 1 c.c. vials, one vial containing 500 million killed typhoid bacilli and 250 million each of paratyphoid bacilli A and B, while the other two vials each contain one billion killed typhoid bacilli and 500 million each of paratyphoid bacilli A and B. For a discussion on Typhoid Vaccine, see New and Nonofficial Remedies, 1919, p. 292 (*Jour. A. M. A.*, March 22, 1919, p. 863).

### PROPAGANDA FOR REFORM

**MALT PREPARATIONS IN INFANT FEEDING.**—Malt preparations have enjoyed popularity for some time in the feeding of infants. A familiar mixture is the so-called malt soup, the use of which was modified by Keller to include potassium carbonate. The assimilability of maltose has been highly lauded, but the advantage over other carbohydrates has not been definitely proved. Maltose has been vaguely stated to be indicated in the constipation of infants and the retention of calcium facilitated by the use of Keller's formula. However, in experiments on animals it was not found that administration of a base like sodium carbonate produced any effect on the balance of calcium. It has also been reported that in a normal infant the addition of alkali to milk produced an unfavorable effect on calcium retention. Without addition of alkali, malt extract was found to act beneficially on calcium storage, but this is probably not due to the maltose. If malt soup has a favorable effect on calcium metabolism, it is not due to the alkali originally present or added to it. There is no reason at present to attribute the seemingly substantiated benefit from malt preparations on calcium storage to the maltose (*Jour. A. M. A.*, March 1, 1919, p. 656).

**PHARMACEUTICAL MANUFACTURERS AND "PRIVATE FORMULA" PRODUCTS.**—Sharp and Dohme explain that it is their inflexible rule that all "private formula" orders intended for public distribution are refused until the copy for the "literature" has been studied by their experts. They explain that an order for three preparations which were later the subject of prosecution for misbranding under the federal Food and Drugs Act were filled and shipped in the belief that the copy had been passed on by their Spanish

expert, when in reality this had not been done. The house of Sharp and Dohme feels that it has been done an injustice in the publication of the "misbranded nostrum" notices which gave no hint that the preparations were private formula products, and were not sold under the name of Sharp and Dohme. The firm believes that an injustice was done in that the references to these misbranded nostrums will lead readers to believe that they were sold under the label of Sharp and Dohme. There is unfortunately a commercial distinction between products which are made by a firm and products which are sold by it. Whether or not there is any moral difference between profiting by the manufacture of a "patent medicine" that is to be retailed by some one else, and selling the same medicine under one's own name, is a question (*Jour. A. M. A.*, March 1, 1919, p. 669).

**MISBRANDED NOSTRUMS.**—The following nostrums were declared misbranded under the federal Food and Drugs Act because of the false, fraudulent or misleading claims made for them: Alkavis; Sulfero-Sol; Gonorrhea and Gleet 3 Day Cure; Old Indian Fever Tonic; Pain-I-Cure; Walker's Dead Shot Colic Cure (*Jour. A. M. A.*, March 1, 1919, p. 670).

**SACCHARIN—AFTER THE WAR.**—Having satisfied a need during the sugar shortage, the manufacturers of saccharin appear not to be content to turn their talents and plants to better uses, but suggest that the great commercial sacrifices made in setting their works into operation to produce saccharin should be rewarded by permission to continue the traffic under postwar conditions. The referee board to which the saccharin question was referred in this country has by no means given a clean bill of health to the chemical, and the people need to be protected from the danger, or at least the deception, of a substitute for sugar which is in no sense a true food (*Jour. A. M. A.*, March 8, 1919, p. 729).

**ORGANO TABLETS AND ORCHIS EXTRACT.**—The Organo Product Co., Chicago, sells Organo Tablets as a cure for "lost vitality." The Packers Product Co. sold Orchis Extract until it was put out of business by the government in 1918 by the issuance of a fraud order. Even a superficial comparison of the circular letters and booklets used in exploiting Organo Tablets shows a close connection between this humbug and the government declared fraud—Orchis Extract. Has Orchis Extract of the Packers Product Co. become Organo Tablets of the Organo Product Co. (*Jour. A. M. A.*, March 8, 1919, p. 746)?

**DEPILAGIENE.**—The A. M. A. Chemical Laboratory reports that "Franco-American Hygienic Depilagiene," a hair remover, essentially is a mixture of barium sulphate, barium sulphid, sulphur and starch. The amount of barium sulphid was found to be 22.6 per cent.; this is equivalent to about 45 per cent. of commercial barium sulphid. Depilagiene has no claim to originality, as practically all chemical hair removers are composed of some form of sulphid. Naturally, the preparation is likely to cause more or less irritation of the skin (*Jour. A. M. A.*, March 8, 1919, p. 746).

**VALIDITY OF PROVISIONS CONCERNING "PATENT" MEDICINES.**—In the proceedings instituted by E. Fougere and Co., Inc., against the city of New York,



et al., the Court of Appeals of New York holds that the provision of the sanitary code is not unconstitutional in that it prescribed the formula disclosure of medicines. The purposes and effects of the code were well within the police power and had the object of protecting the public. "No man has a constitutional right to keep secret the composition of substances which he sells to the public as articles of food" (*State v. Asleson*, 50 Minn. 5, 52 N. W. 220). If that is true of food, it is even more plainly true of drugs. But there was one objection to the ordinance, though one that amendment might correct: that the ordinance did not except existing stores of merchandise in the hands of dealers, in that the board of health exceeded the powers delegated to it (*Jour. A. M. A.*, March 8, 1919, p. 753).

**THE VICTORY OVER RABIES.**—Amid the victories on the European battlefield, we may pause to contemplate man's conquest of rabies. During the year 1916, 1,008 persons in the district of Lyons received the antirabic treatment. A single death in this list places the mortality at 0.099 per cent. Since 1900, more than 9,000 persons have received antirabic inoculations, with a total of nine deaths, or 0.09 per cent. (*Jour. A. M. A.*, March 15, 1919, p. 800).

**NATURE'S REMEDY TABLETS.**—A. H. Clark, of the A. M. A. Chemical Laboratory, reports that "Nature's Remedy" is claimed to contain ten ingredients; that the manufacturers declare seven of these—burdock, juniper, sarsaparilla, mandrake, rhubarb, dandelion and prickly ash; and that the manufacturers state they are "more proud" of the other three, but refrain from naming them for fear of imitators. Clark's analysis, supplemented by a microscopic examination by E. N. Gathercoal at the University of Illinois School of Pharmacy, indicated that the unnamed drugs are aloes (or a preparation of aloes), cascara bark and belladonna root. The microscopist stated that rhubarb, as well as all the other named drugs, if present at all are there in such small quantities that no evidence of their presence was seen. As a result of the examination and a consideration of their powerful cathartic action, it is believed that Nature's Remedy is, essentially, aloes or aloin, cascara, and belladonna with, probably, resin of podophyllin (instead of mandrake)—a common cathartic mixture (*Jour. A. M. A.*, March 15, 1919, p. 815).

**MISBRANDED NOSTRUMS.**—A "Notice of Judgment" has been issued declaring the following nostrums misbranded: Chase's "Blood and Nerve Tablets," "Liver Tablets," and "Kidney Tablets"; XXX Tonic Pills; Egiutero; Uicure; Sweet Rest for Children; Beaver Drops Comp.; Blood Kleen; Heart and Nerve Regulator; Kidneyleine; Eye Powder; Taurue Herbs and Pills, and 5 Herbs (*Jour. A. M. A.*, March 22, 1919, p. 883).

**HAVENS' WONDERFUL DISCOVERY.**—The Council on Pharmacy and Chemistry reports that E. C. Havens, Sioux Falls, S. D., requested consideration of a remedy which he claims to have discovered for the cure of influenza. According to the label on a specimen, "This remedy is good for Coughs, Colds, Lung Diseases, LeGrippe, Influenza, Rheumatism; good for Pains, Cramps, Backache, Lumbago, Neuralgia; for severe pains soak your feet in hot water for three nights, add three tablespoons of baking soda in water and apply Anti-Flue Medicine to the affected parts." The "discovery" was stated to contain oil of wintergreen, oil of sassafras, oil of black pepper, spirit of

camphor, spirit of turpentine, spirit of chloroform, tincture of arnica and alcohol, and was called Havens' Rheumatic Remedy before its supposed effect on "flue" was "discovered." The Council finds that Havens' Wonderful Discovery is an unscientific, irrational mixture, marketed under therapeutic claims which are unwarranted and without foundation (*Jour. A. M. A.*, March 22, 1919, p. 883).

## BOOK REVIEWS

**THE PRINCIPLES AND PRACTICE OF OBSTETRICS.** By Joseph B. DeLee, A.M., M.D., Professor of Obstetrics at the Northwestern University Medical School; Obstetrician to the Chicago Lying-In Hospital and Dispensary, and to Mercy Hospital; Consulting Obstetrician to Provident and Evanston Hospitals, etc. With 949 illustrations, 187 of them in colors. Third edition, thoroughly revised. Philadelphia and London, W. B. Saunders Company, 1918. Price, \$8.50.

Teachers and students, to say nothing of general practitioners, will welcome this new or third edition of a highly favored treatise on the principles and practice of obstetrics. This recent edition merely adds the new obstetric knowledge that has been obtained since the last edition came from press, though the author admits re-writing many chapters in order to eliminate error that has been discovered in a few instances as a direct result of increased experience and the ever-widening knowledge that follows. Thus Abderhalden's pregnancy reaction, the relation of the endocrine glands to gestation, twilight sleep, the urinary tests for the toxemias of gestation, have acquired new evaluations. The author's analysis of the value of twilight sleep, based upon his observation of the method as practiced at its fountain-head, the Freiburg Clinic, and also his own experience with the method, will be accepted by all conscientious obstetricians. Many subjects treated in previous editions have been amplified, especially those relating to obstetric anesthesia and analgesia, perineorrhaphy, cesarean section, and the treatment of contracted pelvis. In the treatment of eclampsia more prominence is given to the conservative methods.

Throughout the entire book the author has kept in view the needs of the general practitioner as well as the student. Diagnosis has been made a particular feature, and the relations of obstetric conditions and accidents to general medicine, surgery, and the specialties have been fully brought out. For convenience, and especially to students, the subject matter is divided into four parts, the Physiology of Pregnancy, Labor and the Puerperium; the Conduct of Pregnancy, Labor and the Puerperium; the Pathology of Pregnancy, Labor and the Puerperium, and Operative Obstetrics.

With a very few exceptions the illustrations are original with the author. They are excellent and add much in aiding a full comprehension of the text. There are splendid reasons why the book has been accepted as a standard textbook by numerous universities and colleges. The only criticism we have to offer is that the author could have made many chapters more concise without sacrificing in the least the comprehensiveness or clarity of the subjects treated. However, the book deserves the favor that has been accorded it.

# ***Stanolind***

Reg. U. S. Pat. Off.

# ***Surgical Wax***

## **Alleviates Pain**

When the wax film is laid on a denuded surface the patient is relieved of pain immediately.

Until after the healing process has started, Stanolind Surgical Wax should not remain on the wound longer than twenty-four hours.

Later the wound may be cleansed and redressed every forty-eight hours.

In removing the dressing, when that portion adhering to the uninjured skin has been loosened, the entire film may be rolled back without causing the least pain, or without injury to the granulations.

# ***Stanolind Petrolatum***

## **For Medicinal Use**

in five grades to meet every requirement.

Superia White, Ivory White, Onyx, Topaz and Amber.

Stanolind Petrolatum is of such distinctive merit as to sustain the well-established reputation of the Standard Oil Company of Indiana as manufacturers of medicinal petroleum products.

You may subject Stanolind Petrolatum to the most rigid test and investigation—you will be convinced of its superior merit.

# **STANDARD OIL COMPANY**

(Indiana)

*Manufacturers of Medicinal Products from Petroleum*

910 S. Michigan Avenue

Chicago, U. S. A.





## Let us send you this book

“OUR AMPOULE LINE” is the title of a newly revised brochure that should be in the hands of every surgeon and physician. This booklet has 58 pages of text matter. It sets forth briefly, but comprehensively, the salient advantages of ampoule medication. It points out the essential elements of a perfect ampoule and explains the modern methods of preparing sterile solutions.

The book illustrates and describes the proper way to fill the hypodermic syringe from the glaseptic ampoule. It gives a full list of our sterilized solutions, with formulas, suggestions as to dosage, etc. It has a useful therapeutic index.

We shall be glad to send a copy of this booklet to any physician or surgeon on receipt of request. Say by postal or letter, “Send me your new Ampoule brochure.” The little book will go forward to you promptly.

**PARKE, DAVIS & COMPANY**

DETROIT, MICHIGAN, U. S. A.

# THE JOURNAL

OF THE

## Indiana State Medical Association



Owned, Published and Controlled by the Indiana State Medical Association

ISSUED MONTHLY under the Direction of the Council

VOLUME XII  
NUMBER 5

FORT WAYNE, IND., MAY 15, 1919

PER YEAR \$1.50  
SINGLE COPY 20 CENTS

### CONTENTS

#### ORIGINAL ARTICLES

PAGE

- War Neuroses. Major Charles D. Humes, M. C., Vittel-Contrexeville Center, Vosges, A. E. F..... 123
- Medical Empiricism and the Pathology of Chronic Head and Throat Infections. O. C. Breitenbach, M.D., Columbus, Ind. .... 125
- Facts Concerning Cluh Feet. H. R. Allen, M.D., Indianapolis ..... 130
- Bacillus Fusiformis Infection, With Report of One Case. Scott R. Edwards, M.D., Indianapolis..... 132

#### EDITORIALS

PAGE

- Investigation Based on False Premises..... 134
- Hands as Source of Infection in Transmissible Diseases.. 134
- Reorganization of the Medical Reserve Corps..... 135
- Salvation Army War Service..... 135
- Editorial Notes ..... 136

#### SOCIETY PROCEEDINGS

- Delaware-Blackford ..... 146

#### MISCELLANEOUS

- Deaths ..... 139
- News Notes and Personals..... 140
- The Truth About Medicines..... 147
- Book Review ..... Adv. Page xviii

NEXT ANNUAL SESSION, INDIANAPOLIS, SEPT. 24, 25, 26, 1919.

LIST OF OFFICERS AND COMMITTEES ON ADV. PAGE 2.

ENTERED AS SECOND CLASS MATTER, JANUARY 20, 1908, AT THE POSTOFFICE AT FORT WAYNE, INDIANA, UNDER ACT OF CONGRESS OF MARCH 3, 1879. ACCEPTED FOR MAILING AT SPECIAL RATE OF POSTAGE PROVIDED FOR IN SECTION 1103, ACT OF OCTOBER 3, 1917, AUTHORIZED OCTOBER 18, 1918.

## Your Tubercular Patients Should

*have, for your sake as well as their own, the New (3d) Edition of*

### BROWN'S Rules for Recovery from Pulmonary Tuberculosis

For your sake, because it will save time for you and do away with the tediousness of explaining again and again the little things, hygiene, diet, etc., that mean so much. For their sake, because it is really a handbook of the fundamentals of the cure—because it will give them encouragement. Finally, because it means a stricter adherence to the rules you lay down, a more thorough cooperation on their part.

The appearance of the third edition in so short a space of time is an accurate indication of the value physicians place on this work. Many changes have been made to keep it thoroughly abreast of the times. Details about the values of actual foodstuffs have been added in a separate chapter, and a liquid diet is outlined.

Dr. Brown is, of course, one of our foremost clinical authorities, and his book helps the patient to avoid blunders and to learn those things most necessary to expedite his recovery and safeguard those around him.

12mo, 192 pages. By LAWRASON BROWN, M.D., Saranac Lake, N. Y.

Cloth, \$1.50 net.

### Mess Officers Manual

*Just Ready*

This manual has been prepared by several officers of the Division of Food and Nutrition of the Medical Department of the Army and presents the modern views of food and feeding as applied to army conditions. It incorporates the practically useful deductions from the most recent physiological experimentation and also a number of specially made analyses of meat and meat products. While written primarily for army officers, most of the information is equally useful for dietitians, stewards or in the household as the chapters on Composition of, Inspection and Nutritive Value of Foods, Kitchen Economy, Digestion and Absorption are clear and full.

12mo, 192 pages, illustrated.

Price, \$1.50 net.

PHILADELPHIA

LEA & FEBIGER

NEW YORK



# THE INDIANA STATE MEDICAL ASSOCIATION

Next Annual Session, Indianapolis, September 24, 25 and 26, 1919

## OFFICERS AND COMMITTEES FOR 1919

President.....W. H. STEMM, North Vernon  
 First Vice-President.....L. L. WHITESIDES, Franklin | Third Vice-President.....H. B. HILL, Logansport  
 Second Vice-President.....STEPHEN B. SIMS, Frankfort | Secretary-Treasurer.....CHARLES N. COMBS, Terre Haute  
 Executive Secretary, FREDERICK E. SCHORTEMEIER, 314 Hume-Mansur Building, Indianapolis.

## SECTION OFFICERS

Surgical Section—Chairman, Goethe Link; Vice-Chairman, H. K. Bonn; Secretary, H. O. Shafer.  
 Medical Section—Chairman, V. V. Cameron; Vice-Chairman, A. C. Kimberlin; Secretary, Jane Ketcham.  
 Eye, Ear, Nose and Throat Section—Chairman, John R. Newcomb, Indianapolis; Secretary, E. M. Shanklin, Hammond.

## DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION

For one year (term expires December 31, 1919), Charles Stoltz, South Bend; Albert E. Bulson, Jr., Fort Wayne. Alternates, E. E. Evans, Gary; H. B. Hill, Logansport. For two years (term expires December 31, 1920), Joseph Rilus Eastman, Indianapolis. Alternate, Miles F. Porter, Fort Wayne.

## COUNCILORS

Chairman, G. W. H. Kemper, Muncie.

### DISTRICT

1st—J. Y. Welborn, Evansville.....December 31, 1920  
 2d—J. B. Maple, Sbelburn.....December 31, 1918  
 3d—Walter Leach, New Albany .....December 31, 1919  
 4th—A. G. Osterman, Seymour.....December 31, 1920  
 5th—Spencer M. Rice, Terre Haute.....December 31, 1918  
 6th—O. J. Gronendyke, Newcastle.....December 31, 1919

### TERM EXPIRES

### DISTRICT

7th—T. B. Eastman, Indianapolis.....December 31, 1920  
 8th—G. W. H. Kemper, Muncie.....December 31, 1921  
 9th—William R. Moffitt, Lafayette.....December 31, 1919  
 10th—E. M. Shanklin, Hammond.....December 31, 1920  
 11th—G. G. Eckbart, Marion.....December 31, 1918  
 12th—E. E. Morgan, Fort Wayne.....December 31, 1919  
 13th—H. M. Miller, South Bend.....December 31, 1920

### TERM EXPIRES

## COMMITTEES

COMMITTEE ON ADMINISTRATION AND MEDICAL DEFENSE—Permanent Members, President (W. H. Stem, North Vernon) and Editor and Manager of THE JOURNAL, Albert E. Bulson, Jr., Fort Wayne; E. M. Shanklin, Hammond (term expires December 31, 1921); Frank B. Wynn, Indianapolis (term expires December 31, 1920); George R. Daniels, Marion (term expires December 31, 1919).

COMMITTEE ON SCIENTIFIC WORK—H. O. Shafer, Rochester; Jane Ketcham, Indianapolis; E. M. Shanklin, Hammond; Charles N. Combs, ex-officio, Terre Haute.

COMMITTEE ON PUBLICATION—The Council and A. E. Bulson, Jr., Fort Wayne.

COMMITTEE ON CREDENTIALS—George W. Spohn, Elkhart; P. C. Bentle, Greensburg; F. E. Schortemeier (executive secretary) Indianapolis.

COMMITTEE ON NECROLOGY—G. W. H. Kemper, Muncie.

COMMITTEE ON SCIENTIFIC EXHIBIT—B. D. Myers, Bloomington; Bernard Erdman, Indianapolis; A. G. Osterman, Seymour; H. W. McDonald, Newcastle; William A. Thompson, Liberty; A. E. Bulson, Jr., Fort Wayne; F. E. Schortemeier (executive committee) Indianapolis.

COMMITTEE ON ARRANGEMENTS—C. H. McCaskey, Indianapolis, Chairman; Clarke Rogers, Indianapolis, and A. L. Marshall, Indianapolis.

**FREE**

Sterile  
Specimen  
Containers  
Slides  
Culture  
Media and  
Complete  
Fee Table  
on request

Write or  
Wire

## Clinical Laboratory Analyses

The kind of clinical laboratory work that commands respect

Wassermann and other complement fixation tests ...\$5.00

Lange Colloidal Gold test of Spinal fluid .....\$5.00

Autogenous Vaccines. In single vials or ampules ..\$5.00

Tissue Diagnoses. Frozen section, paraffin or celloidin \$5.00

ABDERHALDEN PREGNANCY and other  
Abderhalden reactions.....\$5.00

MILK, FOOD, SANITARY AND TOXOLOGICAL INVESTIGATIONS

Accurate Analyses of All Secretions, Excretions and Body Fluids

ESTABLISHED BY  
DR. M. HERZOG  
DR. H. C. SWEANY  
DR. MEYER D.  
MOLEDEZKY  
DIRECTOR

*Laboratory of*  
**PATHOLOGY AND BACTERIOLOGY**  
THE MOST MODERN EQUIPPED LABORATORIES IN THE U.S.

1130 MARSHALL FIELD ANNEX 25 E. WASHINGTON ST.

PHONE  
RANDOLPH  
6552-6553  
CHICAGO  
ILL.

# THE JOURNAL

OF THE

## INDIANA STATE MEDICAL ASSOCIATION

DEVOTED TO THE INTERESTS OF THE MEDICAL PROFESSION OF INDIANA

ISSUED MONTHLY under Direction of the Council

ALBERT E. BULSON, Jr., B.S., M.D., Editor and Manager

OFFICE OF PUBLICATION: 406 West Berry Street, FORT WAYNE, INDIANA

VOLUME XII

FORT WAYNE, IND., MAY 15, 1919

NUMBER 5

### ORIGINAL ARTICLES

#### WAR NEUROSES

MAJOR CHARLES D. HUMES, M. C.  
Consultant Neuropsychiatrist

VITTEL-CONTREXEVILLE CENTER, VOSGES, A. E. F.

The paper on "War Neuroses" is prepared to explain the situation which obtained largely with the A. E. F. It covers the time from March until July, 1918, at which time he had charge of the Neurological Hospital at Savenay, the Post Graduate Hospital of New York, which acted as the only neurological hospital for the A. E. F. during that period.

The remainder of the experience was had as consultant in neurology and psychiatry at the Vittel-Contrexeville Center, comprising 10,000 beds of which Base Hospital 32 was one of the four units.

It is the wish of Colonel Salmon, chief of the neuropsychiatric service, that we, who had acted as consultants, do all in our power to explain many of the causes of these so-called conditions and save the patient from himself and relieve the public from unnecessary burdens.

A neuroses is the expression of an attempt to adjust oneself to an unpleasant circumstance or situation, the degree proportionate to the failure of the individual. It is a natural mental defense unconsciously established, which affords the apparently easy way out of a difficulty. It is the outgrowth of unhealthy mental habits, the result of careless indifference and fostered chiefly by innate selfishness. It manifests itself in civil life as pettiness, peevishness, instabilities, inadaptabilities, lack of responsibility which grows into the fear of same, restlessness, irrelevant nervousness, fickleness of nature and conduct, disregard of rights and feelings of others, abiding concern of self, vague apprehensions, needless worries, morbid reflections, etc.

It should be classified as a psychoneurosis, manifesting any or all of the unnatural psychic reactions which do not completely overrule judgment and approaches the borderline of the

psychoses so closely that distinction is more easily made than a difference and under the nomenclature of neurasthenia, psychasthenia, nostalgia, insomnia, etc., it has made its way into our literature and clinical discourse. With changing environment it is a livable possibility. The individual so constituted can accomplish his or her purpose so long as there exists the actual changing scene or possibility of that is not denied, or at least can make the passing grade, avoid the public charge of incompetency and maintain the respect of the average community. It is common to all ages from accountability to senility and requires for its demonstration only such a man and a circumstance, not of his finer choosing.

With this meager portrait before us of man's reactions in civil life, we can rapidly pass to his war record. Military training and life worked its greatest hardship on these nonplastic, self-centered inadaptabilities. Their circumstance was too unpleasant, its constancy unbearable, the scene unchanging. With no chance of relief in sight and no pleasure in present pursuit, they naturally fell a victim to one or more of the many war manifestations.

I can speak intimately of the three periods of our activities.

1. The precombatant.
2. The combatant.
3. The postcombatant.

Each differs in both the nature and extent of the reactions. Of the first, all is included from the day of enlistment or draft to the time of the American sector engagements. All ranks and all men are included in this review—West Point, Annapolis, Regular Army, those who had seen Island and Mexican service and the rawest recruit—college professors, lawyers, doctors, dentists, ministers of all demoninations, scientists, engineers, railroad, motor transport, bankers, farmers, manufacturers, there was no



pursuit of life, no trade or profession, no social scale untouched and these were our standard American citizens, examined, passed by boards and stamped fit.

Although expecting much of this display, my clinical greed was soon satisfied. There were times in March, 1918, when I wondered when our army was going to adapt itself or adopt its circumstances. A constant state of pure old-fashioned homesickness prevailed every camp. That became more apparent as the gloomy days of early April came on, a factor which I was loath to accept at first but it became definite and distinct. The men were in so-called training areas, trying mostly to get warm and adapt themselves to France, her tongue and her weather.

We had but one neurologic hospital in operation at that time. It was constantly crowded with officers and enlisted men, no transport return service established, the Bay of Biscay only to our backs and more patients coming in each day. The patients were almost entirely unwounded excepting the great number of self-inflicted wounds, incident to.

At this point I will frankly say that my circumstance was growing, which nothing but a sense of humor could at times ward off.

The English in the first two years of the war pensioned 90 per cent of her war neuroses. The French sent 90 per cent. of hers back to the lines in ten days. Having brought our men some 3,000 miles at an average cost of \$1,000, it behooved us to keep the majority near the line also, knowing too that England was then reeducating her formerly pensioned men successfully, even after two years invalidism. We adopted the same course early at No. 8, Savenay, The Post Graduate Hospital, New York.

While I consider a war neurosis only an exaggeration of the civil type, its unusual manifestations were most interesting. The so-called shell shock, a pure warlike name for extreme nervousness, was successfully handled by first, kindly, gently quieting the patient, obtaining his confidence, evincing no lack of sympathy, yet firmly setting him on his feet, about face, and starting him back. Not easy then with the smell of salt air in your nostrils—at the port of debarkation—boats unloading under your very eye and going back with room aboard. The majority of these "shell shocks" had been acquired en route from Hoboken, many never having reached even the training areas. Among those who had been active with the British or French everything existed from mutism to paraplegia.

The Babinski type is peculiar, the vasomotor paralysis unique and diagnostic: Glandular disturbances, i. e., thyroid, was almost constant with slight temperature, rapid pulse, leaky skin and tremor, all subsiding after isolation, rest and exercise. The attempt to imitate organic lesions always failed. Functional anaesthesia would overlap an organic area, gradually recede to its true dimension. A diagnosed cancer of the stomach, operated proved to be a functional anorexia, etc. The patient had lost 30 pounds, recovered.

In May the hospital for neuroses was opened at La Fouché near the American Army sector and only the borderline cases came down, "unfit for further service in the A. E. F.," the papers would read.

So you have it in the first period, nervousness (shell shock), night terrors, fainting spells (and always marked epilepsy), gigantic tremors, paresis, palsy, bizarre gaits, mutism, etc.

2. Combatant period: The Chateau Thierry drive alone netted the Vittel-Contrexéville Center some 7,000 casualties, among these 600 so-called shell shocks, exhaustion, etc. Of this number all but twenty-three returned to duty in fourteen days, none of these were injured, simply nervous and exhausted but exhibiting every phase from aphonia to monoplegia.

The medical chiefs of the center with No. 32 set aside one building of each group for the reception of these marked cases. After forty-eight hours' rest they were put on hikes, formed into squads and rapidly worked back into duty class. Self-inflicted wounds disappeared when the real activity opened, excepting an occasional one. It was already evident that "shell shock" was unpopular and almost impossible to get such an audible statement in a ward filled with wounded. This was July 15 to August 15.

Thereafter the psychoneuroses dwindled until in my report for September I mentioned to my chief, Colonel Salmon, the exact source of the cases, so rare were they. In short, the men were victims of exhaustion and anticipating this it was made the rule after the first drive in July to place the men in rest camps supporting their respective divisions and return directly to their companies after a few days.

You may imagine that all the neurotics were weeded out in the precombative period but not so. Rather, many men became reestablished and fought their way into good health, self-possession and many to glory and distinction.

In October new divisions were being massed so rapidly that a few more than ordinarily fil-

tered into our center but the same large majority turned back to duty after the limited rest which our hospitals allowed.

3. The post combatant period was ushered in with the most phenomenal convalescence ever witnessed under heaven. Even the hopelessly wounded, the unfortunate head and spine cases, seemed to take a new lease on life but the erstwhile nervous and depressed were cured before the church bells had tolled twice. But the war was not over. The third army needed replacements and then came an awful slump in morale. The vision of home grew dimmer and instead arose the occupation camps along the Rhine. An order issued at the psychological moment by the neuropsychiatric department saved the day for us, stating that *all neuroses would be kept in France until cured*.

Officers and men alike suffered the suspense which followed, the former more than the latter, since active responsibility gradually diminished and the reorganization developed. Man's mind is not readily adaptable to uncertainty and this became more unbearable as chances for home coming seemed possible. Relaxation for the first time settled on our army and almost amounted to mental inertia. Our department became busy again and the discipline of the army was sorely taxed. I am convinced that nothing but the rigid discipline which had been well grounded saved the hospital situation through the months following the armistice and nothing was so important at all times as constant vigilance of these cases. I am certain that the letter of the law was observed, from personal conversations with the staff of 117, the advanced area hospital, and at No. 8, the original debarkation and final one, no case of psychoneurosis returned as such unless bearing the poor prognostic stamp of "unfit for service."

Colonel Salmon reported that not one case of so-called "shell shock" came out of the Argonne, so completely had the word been driven out of the busy army medical corps at the front. Quite different from the first days following Chateau Thierry.

Among officers the most constant affection was psychasthenia with its indecision and fear of responsibility, the cure usually being affected by travel orders homeward. So dangerous was this state of mind that sudden change of orders was disastrous as in the case of a major at port of debarkation, ready to sail, who was ordered back with the third army, who forthwith shot himself through the head. This and many other tragic things marked the closing weeks of

reorganization and proves the narrow line which separates the neurosis from a true unsoundness of mind.

#### SUMMARY

War neuroses are defense reactions commonly engrafted on a neurotic tendency. Shell shock is a war word and enjoys no distinction truly its own and is not to be confused with the "commotio cerebri" so ably described by Marie and his French colleagues. Psychic reactions without motor disturbance was the rule among officers.

The functional disturbances, aphonia, deafness, tremor, paralysis, largely obtained with the enlisted men and with only one exception in my experience associated with shot or shell wounds.

The tendency toward neuroses, especially the acquired war neuroses, rapidly decreased as the army became combative. The success of correction lay in making the entire process of recovery satisfactory to the patient.

It was the constant rule to relieve the patient from any morbid introspection and never refer to the disqualification which brought him into the neuropsychiatric department. The human element was more necessary in correcting and controlling these affections under war conditions than obtained in our regular private practice.

---

#### MEDICAL EMPIRICISM AND THE PATHOLOGY OF CHRONIC HEAD AND THROAT INFECTIONS \*

DR. O. C. BREITENBACH  
COLUMBUS, IND.

The vis-medicatrix naturae of Hypocrites has echoed down the centuries. Therapeutic weapons have been wanted which would re-enforce the natural defensive power of the organism. History is replete with the achievements of the master-minds that have helped remove treatment from the realms of fancy and conjecture to a logical and sound basis. Theosophy, magic, astrology, and alchemy met disaster through the efforts of Vesalius and Eustachius and other pioneer teachers by inaugurating the study of the dead body. Mysticism was in no small way doomed through the efforts of Harvey and the physiology of humors was exploded and the

\* Read at the first meeting of the Indiana Academy of Ophthalmology and Otolaryngology, at Indianapolis, February, 1918.



crude therapy engendered thereby banished from the earth. Virchow in so masterfully setting before us the work that he did on cellular pathology, little dreamed that he was laying a foundation that would revolutionize our conception and treatment of disease. Pasteur in exploding the theory of spontaneous generation and Lister in promulgating antiseptics gave their impetus to rational therapy. Ehrlich in the demonstration of the side chain theory has left a heritage that in the evolution of medical science, has and will continue to bestow vast blessings on the human family.

What a heritage to the human race are the achievements of the pioneers in the profession, who in the past have lent their efforts towards the eradication of ignorance and superstition. Contemporary medicine also has sacrificed on the altar of research the lives of many of its torch-bearers in order that we today might utilize the fruits of their labors in administering to the afflicted. The past decade in the further elucidation of infection, immunity, biochemistry and related subjects has given its impetus to medical science. Complement fixation and the vast field of physiological chemistry as it pertains to blood serum reactions places at our disposal a diagnostic laboratory technic that will not countenance haphazard and vague procedure. To administer to the sick in this day and age without a working knowledge of these and similar subjects places a heavy responsibility on the practitioner. If "the ultimate goal of science is the domination of the forces of nature and their utilization in the permanent welfare of mankind," then our duty is clear. Our diagnostic acumen at all times should embody the best that clinical study can offer and indeed the efficacy of treatment bears a direct and definite ratio to and reflects the diagnostic ability of the one that prescribes. And yet I feel that a vast number in the profession drift along, ignoring the principles that medical research has evolved that needs should be incorporated in everyday practice.

Among the many subjects so essential in the successful treatment of disease and one that lacks the practical application that it will more and more be merited is the subject of focal infections. This subject, a working knowledge of which is a prerequisite in every rational therapy, is intimately associated and had its inception with work done on the pathology of chronic head and throat infections. No one doctrine ever enunciated more forcefully and with greater accuracy has set aside what has

been visionary in the practice of medicine than did the doctrine of focal infection. Hopes of stimulating the study of the phenomena associated with this most interesting subject embody the prime motive for writing this paper. Treatment in the hands of the progressive constituents of the profession has been revolutionized. Our conceptions of bacteriology and pathology as we associate these with chronic head infections and their direct relationship to many systemic disorders, has been rudely shaken. Text-books must needs be rewritten. The work done on this subject has revolutionized treatment and the deathknell has been sounded for antique notions as to etiology of many systemic disorders.

The subject of focal infections has been merited attention by numerous observers in the past, but it remained for Billings and Rosenow to bring the subject from the realms of conjecture and hypothesis to the basis of scientific fact. The bacteriologic findings so forcefully presented by Rosenow are so important in the general field of medicine and surgery that I want to briefly again state what these are. It is by virtue of these truths that now have become axiomatic that the subject of focal infection presents itself as such an important one, and I crave your indulgence for this reason.

Infection as a cause of disease is well established as a doctrine. The phenomena of infection are numerous and the rôle of foreign protein in the body is a complex one and these subjects too vast to be considered in this paper. However, we recognize much of our pathology is secondary to foreign protein, living or dead, finding access into the blood stream. We recognize as living protein and have accepted as a matter of fact that streptococci, staphylococci, pneumococci, the micrococcus catarrhalis and other pathogenic organisms have a normal habitat in the head and throat of the individual. The two principles that have made the monograph of Billings such an important one are intimately associated with the growth and development of these organisms. The first principle conclusively established is the transmutability of the members of the streptococcus-pneumococcus group in their variations in morphology, cultural characteristics, biological reactions and also in their general and special pathogenicity. The second principle is concerned with the interesting phenomena by which different chains of streptococci acquired a special pathogenic elective tissue affinity, both in cultural media and in serial animal passage.

Transmutibility as understood in this connection is best illustrated by a work done in connection with endocarditis. Shottmüller isolated from chronic endocarditis a streptococcus which, because of cultural characteristics was termed viridans. This same organism was sometime after isolated by Billings and his co-workers from eleven cases of endocarditis and was cultured and studied by them. Animals were inoculated from these cultures. For the purpose of study, cultures were made from the tissues of the animals inoculated. Instead of finding the streptococcus viridans, originally isolated from their cases of endocarditis, they were now dealing after animal inoculation with an organism, with a pathology and symptomatology characteristic of a pneumococcal bacteremia and a true pneumococcus infection, associated with pneumonia in all the animals inoculated. A diagnosis was made of a chronic pneumococcus-endocarditis as opposed to the original findings of Shottmüller. Transmutibility, or the capacity that an organism holds within itself by virtue of which it may take on a dual personality has since then been clearly established. Rosenow with strains of hemolytic streptococci from patients suffering from erysipelas, puerperal-sepsis, scarlatina, acute tonsillitis and acute polyarthritis; strains of streptococcus viridans isolated from the tonsils, alveolar abscesses and supplied from other sources and cow's milk; streptococcus mucosus from sputa, tonsils and elsewhere, and exudate from empyema, from hepatized lung; also Coles Strains No. 1 and 2; these all have been successfully made to assume varying types as to form, cultural characteristics, biologic reactions, and specific and general virulence of the germ. The bacteria by Billings therefore were typical pneumococci and transmutation of the original pure culture of streptococcus viridans, isolated from endocarditis, had occurred in the case illustrated. This not only in general and special virulence for the animals inoculated, but also in form and culture characteristics.

The second principle intimately associated with the bacteriology of chronic head infections deals with a selective tissue affinity that these organisms may assume which Rosenow speaks of as tropism. He has clearly shown that streptococci from different diseases have a strong selective affinity for organs from which they are isolated. Thus he reports strains from infected tonsils with a special affinity for kidney tissue. Fourteen strains of streptococci from appendicitis producing lesions in the appendices

in 68 per cent of sixty-eight rabbits injected, in marked contrast to an average of only 5 per cent. of animals injected with strains from other sources. The same selective tendency held true of strains from gallbladder infection, ulcer of the stomach, nephritis and other systemic diseases.

The frequency of chronic foci of infection in the head and throat as met with clinically is important.

Observations made postmortum in various clinical centers show that sinus infection and sinus disease as also chronic throat infection are much more prevalent than formerly supposed. Examinations postmortum of all cases regardless of the specific cause of death give varying percentages, from 17 per cent. as reported by Thorne to 43.1 per cent. as reported by Fraenkel. For the purpose of obtaining a series of roentgen-ray findings as to the accessory sinuses of children in health and disease, Coffin had made radiograms of the heads of children in the eye ward of the Manhattan eye and ear hospital. Every child in this ward showed diseased sinuses, furnishing in this instance strong presumptive evidence of the intimate relationship and the interdependence of sinus infection in diseases of the eye. Davis isolated hemolytic streptococci in the majority of 133 tonsils with pneumococci, streptococci, *B. diphtheriae*, *B. influenzae*, *B. mucosus capsulatus* in a smaller number of cases. These observations have been over and over again confirmed by other observers. Moore suggests that the infectious organism or virus of many diseases which have as their portals of entry the upper respiratory system may lodge either permanently, or for a long period in the crypts of the tonsils, thus producing the state which we term "chronic carrier."

With this frequency of head and throat pathology and secondary infection of the cervical lymph nodes and especially in the light of the findings of many clinical observers that bacteria filter rapidly through the lymph nodes into the general circulation producing a bacteremia, sometimes severe and other times not, depending on the virulence of the invading organism, we are immediately put in touch with a wide range of systemic pathology and disease. Those of you who attended the last meeting of the American Medical Association at New York City and heard Emerson's address as chairman of our section will recall his admirable paper in which he cites after careful investigation the vast number of diseases influenced directly and



indirectly by chronic foci of infection of the head and throat. There is a vast field of pathology directly due to systemic invasion by bacteria from such foci. The work of Rosenow and Billings only emphasizes this in their demonstration of the doctrine of transmutation and selective tissue affinity that members of the streptococci-pneumococci group possess.

We as rhinologists and laryngologists surely are impressed with the importance of head infections and its recognition. And as Skillern aptly says, "Infection of the accessory sinuses—and what holds true of these holds equally of tonsils—is of frequent occurrence, and because of faulty drainage is frequently chronic, presenting exacerbations only as a new cold is acquired." Emerson says one cannot be a good specialist without having his outlook in general medicine broadened. May I add, one cannot be today a practitioner of medicine except that the masses crying for bread be given a stone unless their outlook is broadened and they possess the comprehensive range of knowledge necessary to reckon with the bacteriology and pathology of chronic head and throat infections and clearly have in mind their potentiality in precipitating systemic disease. Rational treatment of disease demands the recognition that freedom from a streptococcus infection of the mucous membranes and lymphoid tissues of the head is most important. Clinical records are replete with the histories of systemic disease removed by the eradication of primary foci.

A readjustment and a reestablishing of normal function should be the objectivity of all treatment. To treat cervical adenopathy, colds, rheumatism, nephritis and other diseases disregarding the associated bacteremia or toxemia implies a disregard of things most vital to the patient. And still it is a matter of daily occurrence to be consulted by patients that come on their own initiative that give the history of having been treated for disease directly associated with some head and throat infection lacking the counsel at the hands of the medical advisor that a conscientious interest in the patient's well-being implies. The neglect of the profession in not advising the patient of the possible primary cause of his illness certainly implies a total disregard of the patient's welfare. The neglect of not so doing may not only mean a sacrifice of life, but the dwarfing and maiming of a progeny that the law seeks to protect in every licentiate of the profession. Responsibility does not cease when symptoms are relieved. Intelligent procedure must needs

establish a primary focus of infection of many diseases. Neglect to do so implies criminality—moral if not statutory crime. The sense of security that the presence of a disciple of Æsculapius invokes is often unwarranted and indeed may be rudely shaken when, because of neglect in locating the source of any given infection it may at some subsequent time without warning precipitate a more serious pathology or premature death.

What an ideal of service expressed by Jean Fernel, physician to King Henry II of France, when he says, "As for myself, I shall never believe I have found profound knowledge of any affection, if I do not know positively, just as if I could see without my eyes, in what part of the human body is the disease, the primitive seat, what suspicion of organic lesions constitute it, whence it proceeded, if it exists idiopathically or by sympathy, or if it be kept up by some exterior cause. He who pretends to be a rational physician must sound each of these subjects and discern them by certain signs." The Hippocratic oath printed on imitation parchment, beautifully framed, that so often holds forth as an aid invoking the classic past to lend its benign influence by precept and otherwise in giving tone and dignity to many an office should be placed in juxtaposition to the words of Jean Fernel.

However, in an age of conservation some still grope in darkness, dazzled as it were by the heroic epoch-making achievement of medical research. We still meet with the prototype of Rip Van Winkle to whom natural and acquired immunity mean nothing and Jenner and Behring have died in vain. Every community harbors a type of individual in the profession that seeks to intimidate the public and who slanders modern medicine by preaching, with a pale and woe-begone countenance the awful consequences of tonsil enucleation. The subject of focal infections suggests itself as Utopian to this individual. The iconoclast in the profession has a vast mission. How it would redound to the credit of the profession and what a benefactor the human race would be if the state would dispense with the services of the individual, who by virtue of diverse idiosyncracies, affectation and sometimes a funereal dignity, seems to inspire confidence. We have reached an era in which quality of action stamps the individual as genuine or make-believe. Medical camouflage as it holds forth in the armamentarium of many in the profession is losing efficacy. The appeal to credulity more and more is lacking the harvest

of bygone days. As the kaleidoscopic and pyrotechnic window displays of the oldtime apothecary shop by inviting and stimulating mystery have been relegated to the dump pile so many an anchor of haphazard therapy in days gone by no longer can be relied on.

The physician as Perry, in a paper read before the clinical Congress of Surgeons in 1916 says, who advises the removal of tonsils only when he finds it diseased is hopelessly out-of-date. We are learning to diagnose tonsil conditions by systemic manifestations and not by local appearances. Iritis, enlarged thyroid, chronic joint affections, growing pains, extreme nervousness and malnutrition in children, are samples of entirely too many conditions which may be tonsillar in origin. Is not scarlet fever an acute infection of the tonsils by hemolytic streptococci? Is not St. Vitus' dance a rheumatic manifestation of the same germ? But this arraignment could be continued indefinitely and what holds true of the tonsil holds true of sinus infection. We must be cognizant of the fact that in dealing with "rheumatism," endocarditis, chorea, myositis, glomerular nephritis, peptic ulcer, appendicitis, bronchitis, secondary anemias, hyperthyroidism, increased blood pressure, and many other systemic conditions that these are only systemic manifestations having their origin in some primal focus and its resulting bacteremia or toxemia. These should be looked on not as causes but as effects and treated accordingly. The physician who does not recognize the interdependence of these and many other constitutional disorders and the importance of a primary focus in this connection is not only out of date but criminally negligent.

The practical application of phenomena that center themselves about focal infection will in time eliminate vague diagnosis. Patients that are now administered unto for grip, colds, and glandular fever should be accorded the benefit of treatment based on the principles that we associate with the now recognized pathology of these conditions. This vague and boggy nomenclature is a misnomer for acute exacerbations of chronic head and throat infections. If the basic pathology of these were understood perpetuation of much that is ancient in conception of disease would be obliterated. The very heavens shriek in vengeance in light of the fact that the innocent are still administered unto with concoctions that are reputed to have the efficacy of driving lymph nodes away, ignoring the basic pathology. Diagnosis based on pathology and deranged physiology no longer ac-

cepts these glittering generalities of the past as disease entities. Intelligent procedure now recognizes the symptom complex of colds, grip and allied conditions as only indicative of some chronic head or throat infection that in the interest of the patient should have serious consideration.

Cults and systems of medicine come and go. Suffering humanity too often has found it necessary to grasp at a straw. Therapeutic Nihilism has been rampant in the profession and will continue to be so until we treat causes and not effects. Etiology must come into its own before proper treatment can be administered. Rationalism in therapeutics, surgical and nonsurgical, should be concomitant with the evolution of clinical pathology that the masterful achievements of Billings and Rose now exemplify. One's armamentarium in the treatment of disease should imply that we have kept pace with other departments of medicine. By their fruits ye shall know them.

#### CONCLUSIONS

1. Chronic throat and head infections are frequently met with clinically.
2. Strains of streptococci are intimately associated with the pathology of chronic head and throat infections.
3. Transmutability and special selective affinity of the streptococcus-pneumococcus group establishes the pathology of many systemic diseases.
4. Eradication of primary foci in the head and throat harboring streptococci may be a direct factor in reestablishing normal tissue function.
5. Rational therapy demands an intimate working knowledge of the phenomena that we associate with the pathology and bacteriology of chronic head and throat infections.

#### BIBLIOGRAPHY

- Davis: *Jour. Inf. Dis.*, 1912, X, p. 140.  
 Moore: *The Jour. of Lah. and Clin. Med.*, Vol. III, No. 5, p. 288.  
 Vaughan: *Jour. A. M. A.*, Vol. 63, No. 5, p. 365; 62, No. 8, p. 583; 67, No. 22, p. 1559.  
 Skillern: Accessory sinuses of the nose.  
 Thorne: Die Bakteriellen Verhältnisse der Nasenhöhlen und über ihre Schutzmittel gegen Bakterien, *Nord Med. Archiv.* H. I. No. 2, 1904.  
 Frankel, E.: Beitr. z. Path. u. Aetiol. d. Nasennebenhöhlen-Erkrankungen, *Virchow's Arch.* Bd. 143, S. 92, 1896.  
 Rosenow, E. C.: Immunological and Experimental Studies on Pneumococcus and Streptococcus Endocarditis (Chronic Septic Endocarditis), *Jour. Inf. Dis.*, 1909, VI, 245. A Study of Pneumococcus Endocarditis, *Jour. Inf. Dis.*, 1910, VII, 429. Transmutation Within the Streptococcus-Pneumococcus, *Jour. Inf. Dis.*, 1914, XIV, 1. The Etiology of Acute Rheumatism, Articular and Muscular, *Jour. Inf. Dis.*, 1914, XIV, 61. The Bacteriology of Appendicitis and Its Production by Intravenous Injection of Streptococci and Colon Bacilli, *Jour. Inf. Dis.*, 1915, XVI, 367. The Newer Bacteriology of Various Infections as Determined by Special Methods, *The Jour. A. M. A.*, 1914, LXIII, 903. Bacteriology of Cholecystitis and Its Production by Injection of Streptococci, *The Jour. A. M. A.*, 1914, LXIII, 1835.



## FACTS CONCERNING CLUB FEET

H. R. ALLEN, M.D.  
INDIANAPOLIS

The congenital club foot comprises three constant, distinct groups of deformities involving the leg, ankle and foot. Since no one has ever seen a club foot accompanied by fully developed leg muscles, the first ever present deformity begins at the knee and runs down to the ankle.

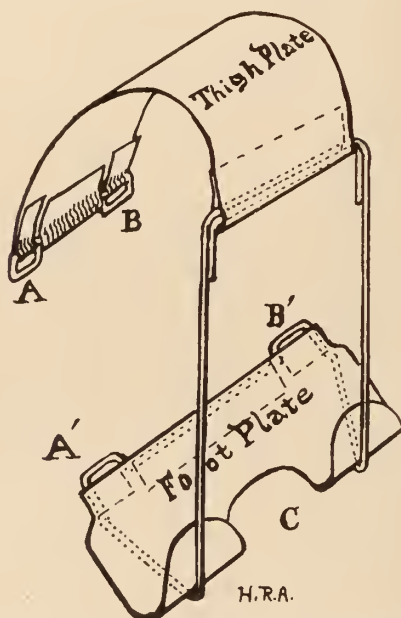


Fig. 1.—For infants and children, this is the simplest and most efficient retention apparatus. It is interchangeable for right or left feet and easily adjustable, sanitary, light and open. It is made of wire and thin sheet metal, held together by adhesive plaster. The foot plate and thigh are padded. The apparatus is secured in place by bandages, running from A to A' and B to B'.

The second deformity consists of a false relation of position existing between the foot and the leg. The third is the deformity of the foot itself.

In order to standardize this deformity, we may include only those component elements of the deformity that are constantly present in all congenital club feet, and regard all inconstant deformities as mere complications, regardless of their frequency or infrequency. For example, the lower end of the fibula may be displaced backward in some cases; or there may be a marked internal twist of the lower end of the tibia; or there may be insufficient skin at the back of the ankle to prevent over correction of the equinus feature into an extreme calcaneus position. A most unusual example of this variation occurred since I left the army, when I corrected the foot of Miss S. H. of Wadena, Minn., who at the age of 37 decided to have her foot

made normal. During the process of correction the overstretched skin tore back of the ankle, but healed without skin grafting. This and many other complications cannot be regarded as component parts of standardized club foot deformity, since they are not present in all club feet.

The ever present deformities that standardize club feet, occurring constantly with all congenital club feet are as follows: Beginning with the foot, we find the anterior part of the foot is always adducted on the posterior part of the foot, while the flexor brevis digitorum is so short that its unbalanced contractions produce a type of pes cavus. Concerning the ankle we find the anterior tibial usually plays an important part in producing varus deformity while the tendo-achilles produces equinus. The deformity of the leg is due to unbalanced and under developed leg muscles, and is not due to atrophy of these muscles but is always due to their lack of unbalanced development. Any one or more of these aggregated deformities oc-

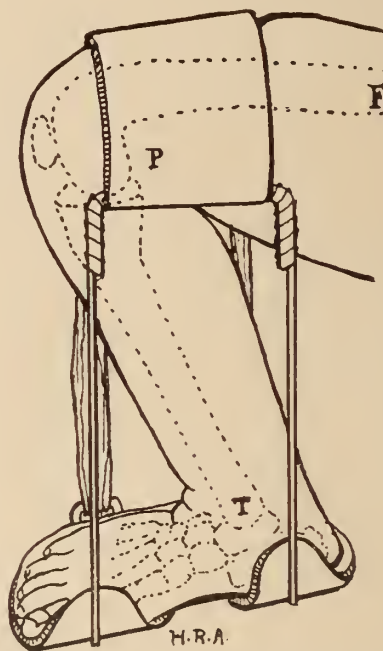


Fig. 2.—The foot and femur are held about parallel, while the popliteal angle F P T is considerably less than a right angle. The thin sheet metal thigh plate can be curved or flattened by the fingers to meet quite a range of sizes, according to the length of the tibia or the amount of flexion of knee and ankle. Every time the child attempts to straighten its knee it produces additional dorsi flexion of the foot. This brace also is open everywhere for care and inspection of the tenotomy wounds. It also holds the foot and ankle in proper reduction, with all component deformities reversed.

curing constantly may, of course, vary in its degree of severity. For example, the element of equinus or adduction may be more pronounced than any one or more of the other component elements of deformity, and yet each element of deformity is constantly present. So,

when we speak of "club foot" deformity, we shall always refer to a fixed standardized congenital deformity as described above. If complicating deformities are present they must be regarded as complications. It is also well to know that the much discussed and much published "Recurrent Club Foot" is merely the

any conditions, at any age from 6 hours to 60 years, make a skin incision longer than one-eighth of an inch. Don't start until you are satisfied that the foot and femur parallel position will be absolutely maintained during after treatment. Don't fail to have the popliteal angle less than a right angle. Don't use a Thomas wrench, as its use has long since been abandoned by the best orthopedicians of the world. If other than manual energy is to be employed, then use a screw type reduction tool, and don't, under any circumstances, permit heavy screw compression to exist longer than ten seconds.

#### TREATMENT

The treatment consists of surgery and proper bracing. One is just as essential as the other in every detail. The adduction and pes cavus

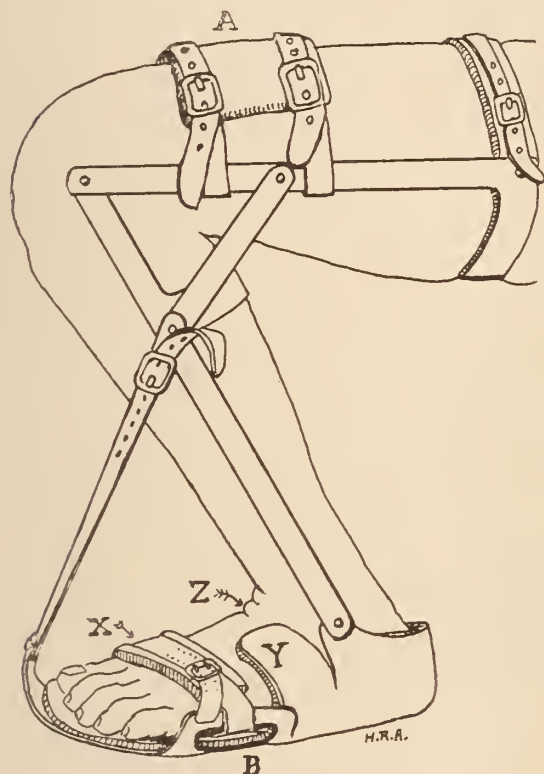


Fig. 3.—The adult type of retention brace has individual adjustments for the various deformities of the foot and ankle. Both retention braces are so designed as to make the patient toe outward during their use. X and Z respectively represent the inner aspects of the ball of the great toe and heel. Y represents the fulcrum of the lever retention made tight or loose by the padded strap X B which surrounds the foot, but never constricts it. Any degree of calcaneus position is produced by the toe strap attached to the extreme front end of the brace and ends at the external leg band. All parts are open for inspection at all times by unbuckling the few buckles shown.

illegitimate child whose father and mother are "wrong methods" and "failure." Under correct methods failures and repeated operations and recurrent club feet are unknown. Furthermore, a club foot should always be converted into a normal foot. A half done job or the trading of one deformity for another is very poor surgery, and yet many textbooks publish pictures of typical flat valgus feet as "cures" of good sound club feet.

Before I briefly describe a reliable and dependable method of treatment I shall mention a few things that ought not to be done. Don't under any conditions ever touch a bone with any kind of a surgical instrument. Don't under

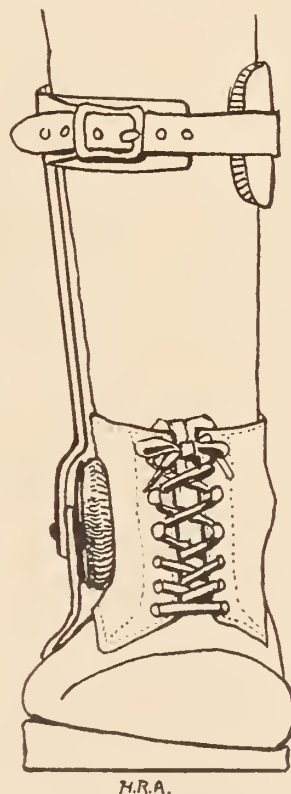


Fig. 4.—The one bar walking brace and simple lever principle of maintaining valgus position, assisted by the wedge-like sole, has its thickened part pointing externally.

are first reduced by cutting the flexor brevis and fascia, if necessary, then forcibly shred or tear all other soft tissues resisting the extreme limits of normal abduction and planus positions. The second step is to cut obliquely the tendo-achilles and then forcibly convert the equinovarus into a valgo-calcaneus position. If the surgery and manipulation have been thorough



and complete, then the little finger will easily convert the adducto-cavo-varo-equinus into an extreme position of abducto-plana-valgo-calcaneus, and if the little finger encounters little or no resistance, in making this transposition, then little resistance will be encountered in retaining this position, but if the work is not complete, then look out for pain and a half done job when through.

Assuming the surgery has been completed successfully, the next step is the application of braces. There are two kind of braces, and two periods for using them. The first brace is the retention brace. It is used both day and night at the beginning, being removed, of course, for bathing and massage. The period of wearing braces varies. People between 35 and 60 years of age wear braces for an entire year. Younger patients wear them a shorter time. The retention brace is worn day and night until the foot shows no tendency to return to its original deformity, after being absolutely unbraced for a number of hours. When this point is reached, the walking brace may be employed during the day and the retention brace used only at night.

The retention brace must hold the foot and femur about parallel. The tibia and femur should be so flexed on each other that the popliteal angle thus formed is considerably less than a right angle. The brace must also secure the exact counterparts of each of the original deformities. Two types of retention braces are shown in the illustration. One is for infants and children, the other is for adults. The walking brace is for both. It is so constructed as to prevent any tendency to return to the original deformity when the full body load is applied or not applied to the foot. In the use of these braces it is important to modify their various retention features so that no new deformity will result. It is also important to understand that in order to produce ultimately a normal foot with normal ranges of movement that these extreme normal ranges must be secured during the process of correction. The time necessary for operation and application of the retention brace is usually ten or twelve minutes.

In doing this work I do not hurry; nor would I know what to do with more time, unless operating on aged people, then five additional minutes would be ample for bestowing any extraordinary attention due. Whether old or young, the essentials of treatment are the same, likewise the results. In standardizing the deformity and the treatment, the results automatically standardize themselves.

## BACILLUS FUSIFORMIS INFECTION WITH REPORT OF ONE CASE \*

DR. SCOTT R. EDWARDS  
INDIANAPOLIS

The fusiform bacillus was first described by Miller<sup>1</sup> in 1882, in connection with a report on bacteria of the human mouth. Two years later Plant and Vincent<sup>2</sup> while studying ulcerative and necrotic pharyngitis encountered together with *B. fusiformis* varying numbers of spiral organisms. Subsequently several others reported this bacillus and spirilla as the predominant organism in similar pathologic processes. Until 1906 when Tunnecliff<sup>3</sup> succeeded in growing the fusiform bacillus in pure culture, by anaerobic methods, and was able to demonstrate the spiral forms in the culture at the end of forty-eight hours, proving it to be a form in the life cycle of the bacillus, the two were looked on as separate and distinct forms in close symbiotic relationship.

The biological classification of this organism is still questionable and its relationship to the pathologic processes in which it is found not proven. Pathogenicity cannot be established in experimental animals. But there must be a certain significance in that it is the predominant organism in definite types of ulcerative and necrotic conditions of the nose and throat.

The term "Trench Mouth" was coined during the war to apply to a widespread ulcerative stomatitis among troops living in the unsanitary conditions inevitably brought about by their advanced positions. From personal observations and conversation with others who had investigated the disease bacteriologically, we are convinced this organism was almost always very much in evidence.

The incident of infection of this type is not uncommon in this state. We have seen five such cases in the last four years.

In the mouth and pharynx the involved area generally has a characteristic appearance. The chief points being a pseudo-membrane, slightly lighter in color than the diphtheritic membrane, quite easily dislodged by gentle rubbing, exposing an ulcerative bleeding base. There is very little pain. The breath is foul and there is generally a dry mouth. There is a very slight, if any, systemic reaction. The infection does not yield to the ordinary treatment.

The conditions to be differentiated are: Diphtheria, follicular tonsillitis, malignancy, leuko-

\* From the private laboratory of Dr. T. B. Nolle.

1. Miller: Micro-Organisms of the Human Mouth.

2. Plant and Vincent: Deutsch. med. Wchnschr., 1894, Vol. 41.

3. Tunnecliff: Jour. Infec. Dis., 1906, Vol. 3, p. 148.

plakia, oidium lactus, and lues. None of which are particularly difficult to set apart from *B. fusiformis* infection.

The bacillary form is from 3-10 micron in length and from 0.3-0.8 micron in its greatest breadth, near the center, and has tapering ends. They retain the gram stain but stain irregularly, similar to the diphtheria bacillus. The spiral form is of variable length and varies greatly in the number of turns; there may be from one to fifteen. It is perhaps more serpentine than spiral in appearance. It does not take stains well but always stains evenly. In a dark field it is easily recognized as having a slight vibratile and rotary movement.

Copper sulphate in 15 per cent. solution, applied locally has never failed to control the infection in any of the cases seen by us.

The following is a case report of a typical infection by *B. fusiformis*:

Mr. B—, referred by Dr. Thurston, aged 34, family and past personal history good, with no bearing on the case. Five weeks ago noticed some trouble about gum margins of the last lower left molar tooth. He consulted a dentist who advised extracting the tooth. This was done. During the interval of five weeks from the time of this procedure, a membrane had gradually extended from the original site, along the gum margins almost to the incisor tooth of the same side. The patient suffered no inconvenience other than a very foul breath, a dry mouth and anxiety concerning the outcome of his trouble.

Several different drugs had been applied locally, and this in a large measure masked the true characteristics of the involved area. Smears and dark field examinations at this time were not satisfactory. For this reason a diagnosis was withheld and the patient instructed to return at the end of forty-eight hours, allowing the infection full sway during this period. On his return the diagnosis was obvious. A membrane detached easily, leaving an indolent bleeding surface.

A portion of the membrane rubbed up in water, both in stained smears and dark field examinations showed the *B. fusiformis* and the spirillum to be the predominant forms.

Fifteen per cent. copper sulphate readily controlled the infection.

#### CONCLUSIONS

Treatment of infections, which are not perfectly clear in etiology, should not be instituted until a definite diagnosis is made.

The diagnosis of *B. fusiformis* infections may be readily made by the dark field condenser and stained smears.

Fifteen per cent. copper sulphate solution applied locally seems to be highly effective, in infections of mucous surfaces, in which *B. fusiformis* is the predominant organisms.

1008 Hume-Mansur Building.

---

It is an exceedingly fortunate thing for the medical profession as well as the public—both of whom are sufferers—that some of the moss-back doctors are leaving the medical profession through death or otherwise, and it is a pity that some of them could not have died before they ever saw the inside of a medical college. It is positively pathetic to note the ignorance that exists among a limited number of licensed physicians in every populous community—the doctors who still call everything “stomach trouble”; every case of tuberculosis “a slight touch of bronchitis”; an appendicitis “bowel trouble” to be lulled into security with opium; who say a pigeon-breasted, apathetic looking and deaf, mouth-breathing child must “outgrow” huge tonsils and a big bunch of adenoid tissue in the nasopharynx, or be treated ad nauseam in the vain attempt to get the child strong and well before it can be operated; and who tell the parents that the cross-eyed youngster (needing a pair of glasses badly to correct an enormous error of refraction which is the basis of the squint), will “outgrow” the difficulty, and anyway is “too young to wear glasses”—as though any child is too young to have a manifest defect corrected! One would think that the ignorant doctors, giving such advice, would profit by contact with more progressive physicians or contact with up-to-date books and medical journals, but the trouble of it is these old fossils never come in contact with up-to-date medical men nor do they read late medical books and journals, for they delude themselves in the belief that they are just as smart as any of the doctors and that they cannot learn anything from medical societies or medical journals. Fortunately the younger men, graduating as they do from institutions having higher requirements for admission as well as longer and more comprehensive courses of study, are beginning to make their presence felt in every community; but the fossilized doctor will continue to exist for some time to come, and he deserves neither charity nor favorable consideration from any standpoint. In fact, we are in favor of making life so miserable for him that he will be compelled to brace up and get rid of some of his conceit or quit the practice of medicine.



# THE JOURNAL

OF THE

## INDIANA STATE MEDICAL ASSOCIATION

Devoted to the Interests of the Medical Profession of Indiana

Office of Publication, 406 West Berry St., Ft. Wayne, Ind.

MAY 15, 1919

### EDITORIALS

#### INVESTIGATION BASED ON FALSE PREMISES

One sometimes reads in supposedly "Original Articles" in medical journals statements that seem puzzlingly familiar. If one is sufficiently inquisitive and possessed of a germ of Sherlock Holmesism, the familiar statement may be traced to the "Literature" for some proprietary medicine with which the author's article deals. Instead of stating: "I used Figone Tablets which, according to The Foolem Pharmaceutical Company, contain in each tablet 0.2 gm. of figone, a cathartic glucoside which the firm claims to have isolated from figs" the author assumed the responsibility for the claims of the Foolem Company that figs contained a cathartic glucoside and that this was contained in the Figone Tablets, and wrote: "I used figone, the cathartic glucoside of figs in 0.5 gm. doses." The unwisdom of authors accepting the unconfirmed statements of promoters of proprietary remedies is well illustrated in a recent report of the Council on Pharmacy and Chemistry on Collosol Cocaine (*Jour. A. M. A.*, April 12, 1919, p. 1094). This preparation was claimed to contain 1 per cent. of cocain in the colloidal state and to be relatively nontoxic for the reason that the cocain is colloidal.

The report brings out that men of apparently good standing in England had reported "Collosol Cocaine" to be much less toxic than cocain. These men, however, did not verify the statements as to composition and in the light of subsequent chemical examination it is not to be wondered at that "Collosol Cocain 1.0 per cent." was much less toxic than a 1 per cent. solution of cocain hydrochlorid.

Subsequently, a report was published from the Department of Biochemistry and Pharmacology of the British Medical Research Committee that "Collosol Cocaine" contained but 0.25 per cent. of cocain and that it was not present in a colloidal form. In discussing the

low toxicity claimed by the manufacturers, these investigators stated:

"In the samples which we examined the toxicity was, indeed, much lower than that of an ordinary 1 per cent. solution of a cocain salt; but the local anesthetic action was low to a corresponding degree, and both actions corresponded satisfactorily with the proportion of cocain chemically recoverable from the solution."

Those who investigate the action of drugs must recognize more fully than has often been done in the past, that a study of a medicament is of no scientific value whatever if the identity of this substance is not established. In the meantime the hypothetical "colloidal cocaine" will be incorporated into medical literature as has been the "amorphous digitoxin" long claimed to be a constituent of a digitalis preparation and the unfound "cactin" of a St. Louis proprietary.

#### HANDS AS A SOURCE OF INFECTION IN TRANSMISSIBLE DISEASES

To prevent transmissible diseases two sets of facts "Sources of Infection" and "Modes of Transmission" should be kept in mind. The chief modes of transmission are food, fingers and flies and the greatest of these is fingers. Fingers touch everything we eat or use. Indiscriminate kissing long since has been tabooed, but the passing on of disease germs to our friends by handshaking continues.

Another common source of infection is the method of washing dishes. In the army each man washes his own dishes. With his comrades he passes in line before a large garbage can of hot water and by the time a large number of men have immersed their dishes the wash water becomes a bacterial soup and the dishes and hands have more bacteria on them after washing than before. Lynch<sup>1</sup> asserts that the method of dish washing was responsible for a large part of the rapid spread of influenza among the troops in the United States Army.

The common method of washing milk bottles or dishes in restaurants or at soda fountains and in the private home is the source for a good many cross infections. Persons in charge of milk bottle washing or dish washing will tell you that the soap powder and hot water will kill all the disease germs. The prevention of disease transmission in most instances can be accomplished better by rinsing the bottles or dishes in running warm water from the faucet.

1. Military Surgeon, December, 1918.

## REORGANIZATION OF THE MEDICAL RESERVE CORPS

The more we hear about the service of the men who served Uncle Sam in the world's great war the more we are impressed with the fact that the medical man deserves an immense amount of credit for the sacrifices he has made and the subservience with which he performed his duty under conditions which are recognized as far from ideal. Medical men generally are not given to complaining, and yet there are a few who admit that they really had a "raw deal" in the face of their manifest desire to give the best that was in them for the benefit of the cause. Probably the Medical Reserve Corps was one of the best organized branches of the service, and that bad management was less in that service than in almost any other service in the great war, and yet there were so many inconsistencies inaugurated and persistently carried out that it seems justifiable to offer criticism.

The greatest trouble encountered was the effort to "make square pegs fit in round holes," but that difficulty could be expected in a rapidly expanding arm of the service, though there was no excuse for perpetuating it. While no doubt it was necessary to make medical men do whatever there was to do in an emergency, yet it seems ridiculous to waste the talents of highly skilled men in purely menial or other work that could as well have been performed by those less skilled. As one prominent Indiana physician just back from France, recognized over the state as being especially skilled in a particular branch of medicine that was sorely needed in the army, said when asked as to something about his experiences, "I never did any professional work from the time I entered the army until I was discharged. However, I did learn something about digging ditches and constructing railroads." We have been informed that the professional services of such well trained and experienced men as the one mentioned were sorely needed in France. Then, the policy of holding some of the best medical men long after their services were needed and failure to give them deserved promotions has brought forth no little criticism, and perhaps very just criticism at that. As has so frequently been stated by returning doctors, the government never again could secure a volunteer medical reserve corps, and while—as we have stated before—we believe that conscription is the only reasonable and fair way of securing an army, yet the

lessons derived from experiences in this last war should lead our government to plan wisely and well for the future, and not blindly and criminally ignore the oft-repeated injunction of some of our wise men to be prepared for war even in times of peace.

The medical department of our army and navy should be reorganized along up-to-date lines, and with the single eye to such emergencies as arose when we entered the war that has just closed. All that has been learned in the war—good things as well as bad—should be carefully tabulated and analyzed by a commission with the one idea in view of profiting by the experience. If we were to suggest a commission it would be one composed of medical reserve officers as well as regular medical army officers. Under no circumstances should the regular army officers, with their tendency to follow tradition, be permitted to have the deciding voice. It was the traditions of the army and the "holier than thou" attitude of some of the regular army men that created no little friction and prevented the adoption of some much needed reforms.

Medical men as a unit are just as loyal and just as self-sacrificing as any class of people, and this fact was demonstrated far beyond question of doubt, by the attitude of those men who at tremendous sacrifice *volunteered* their service to the country in time of need. Now that they have served, and through their experiences have learned what it means to serve, and serve efficiently, they are prepared to offer some suggestions that are well worth consideration. The question of politics or the question of tradition should not enter into the discussion of the organization and maintenance of the medical and surgical forces of the army and navy. Therefore, in the re-organization which must come about as a matter of safety and a measure of preparedness for the future, let us have full representation in the councils that should follow.

---

SALVATION ARMY WAR SERVICE

Heretofore we have had a tendency to consider rather lightly the work done by the Salvation Army, but in view of all of the glowing tributes which almost universally come from the soldiers returning from Europe, we feel inclined to "take off our hats" to that organization and humbly say, "we apologize." The



Salvation Army did its work on the battle fields and in the camps of France for the most part under worse conditions than confronted any of the other welfare organizations. It had little money and but few workers, but what it lacked in money and workers it made up in efficiency and real service. Contrasting the work of the Salvation Army with that done by the much-advertised Y. M. C. A. with its millions of money and its untold number of workers, we have a sorry picture before us. We realize that the sponsors for the Y. M. C. A. claim that much good was accomplished, and of course there should have been results, considering the enormous amount of money that was spent, but it is strange indeed that seldom can you find a soldier returning from Europe who has a good word to say for the Y. M. C. A., and that certainly would not have been the case had the service been anything like what it should have been. On the other hand, the Salvation Army comes in for universal praise. To us it looks as though the Salvation Army was in France for real service of the kind which the lowly Nazarene would have approved, whereas the Y. M. C. A., ostensibly there for service, did more for show than for anything else. The doughboy had entertainments, with vaudeville stunts and music, and plenty of writing paper furnished gratuitously by the Y. M. C. A., but when he came from the trenches or the march, tired and hungry, he found scant consideration at most of the Y. M. C. A. billets, though he never failed to receive assistance in food, drink or care at any time of night or day, without money and without price, at any Salvation Army billet. It is all very lovely to give away umbrellas during fair weather, but real helpfulness comes from the umbrella that is furnished at a time when it is needed. The Salvation Army, according to all reports, furnished help at a time when it was needed, and the organization never was found wanting in either the inclination or determination to give the right kind of help at the right time. So permit us again to say that we feel that the American people have not been quite as sympathetic and helpful to the Salvation Army as it deserved, and what we have failed to do in the past we ought to do in the future if in no other spirit than to compensate that organization for the splendid aid given to our boys in France, and attest in that manner our appreciation of their commendable spirit and work.

## EDITORIAL NOTES

DEAR DOCTOR:

THE JOURNAL and the Cooperative Medical Advertising Bureau of Chicago maintain a Service Department to answer inquiries from you about pharmaceuticals, surgical instruments and other manufactured products, such as soaps, clothing, automobiles, etc., which you may need in your home, office, sanitarium or hospital.

We invite and urge you to use this Service.

It is absolutely FREE to you.

The Cooperative Bureau is equipped with catalogues and price lists of manufacturers, and can supply you information by return mail.

Perhaps you want a certain kind of instrument which is not advertised in THE JOURNAL, and do not know where to secure it; or do not know where to obtain some automobile supplies you need. This Service Bureau will give you the information.

Whenever possible, the goods will be advertised in our pages; but if they are not, we urge you to ask THE JOURNAL about them, or write direct to the Cooperative Medical Advertising Bureau, 535 N. Dearborn St., Chicago, Illinois.

We want THE JOURNAL to serve YOU.

A MEDICAL writer for the daily papers says that if a man is losing his "pep" he ought to go to a doctor for the purpose of discovering a focus of infection somewhere in the body. We think that at this time of the year if a man is losing his "pep" it is a fair indication of "spring fever," and about the best cure for it is to put the golf sticks or fishing rod at work.

THIS is the time to begin active work in the prevention of typhoid fever. Preach the gospel of pure food and pure water, for typhoid fever in the vast majority of instances is taken in with the food or drink. Water from wells and other sources should be examined to determine its freedom from disease producing organisms. Our milk and food inspectors should become more active than ever, and above everything else the proprietor of the hotel, and eating house, and the housewife should be impressed with the fact that flies are the most prolific source of the spread of disease.

AGAIN we desire to remind Indiana doctors that they are neglecting their local medical societies. In a few counties of the state there have been reasonably regular meetings of the medical societies, though for the most part the county medical societies of the state have had no meetings for months. Now that most of the doctors are back home after service for Uncle Sam there really is no good excuse why the medical societies should not resume their former activity. If secretaries are away, or inactive, then let the president or some one else call a meeting and get things started. There never was a time when there was so much to be discussed by medical men.

How long, O Lord, how long will it take the average doctor to learn that listerine, Fellows' hypophosphites, and a dozen other well-known proprietaries, even though they possess the slightest virtue, can be obtained as official preparations the composition of which is given in the National Formulary, and at an expense that is but a fraction of what the proprietary manufacturers have obtained for the same thing with its trade-mark name! It is the most ridiculous thing for any doctor to prescribe "trade-mark" drugs. In fact the introduction of the proprietary to the medical profession under a trade-mark name is almost proof positive that the manufacturers intend to exploit the preparation later directly to the public and to use the medical profession's endorsement to further the sales. As an incident, look at listerine, advertised everywhere in lay publications, and very recently aspirin, advertised to the public to relieve almost every ache and pain with which the human body suffers. The manufacturers of the so-called "genuine aspirin" have the nerve to intimate that anything that does not bear their label is a spurious article and unworthy of confidence. In reality the acetylsalicylic acid, now official, is if anything the superior of aspirin as ordinarily marketed in tablet form. Why contribute to the coffers of proprietary medicine manufacturers when the medical profession is used only as a stepping stone for the furtherance of sales to the public? Let the doctors think.

MANY of the Indiana members of the Medical Reserve Corps have been released from service, and by June 1 there probably will be very few who have not returned home. It is unfortunate that so many have been retained long after the signing of the armistice, but conditions have been such that the War Department could scarcely do otherwise than retain many of the medical men for work that has been required in caring for so many soldiers who are still in the service. Most of those doctors who have seen military service have had an experience that is well worth the time and sacrifice made, and we doubt if a single one of those who really did medical or surgical work in the war is not pleased to think that he has had such opportunities aside from the privilege of displaying patriotism which should prompt any man to serve his country in time of need. We do not believe that military service will cut much of a figure in changing the home status of any doctor who has been away, for when he comes home he

will assume his old position, and very soon, with the amount of work open to him, scarcely realize that he has been away. However, they deserve unstinted praise for the service rendered, and on their return home they should have every reasonable assistance in helping them to recover their normal positions in the communities in which they live. This feature should merit the consideration of every doctor who has taken over or in any way cared for the practice of doctors in military service. In fact now is the time when the true spirit of professional courtesy and mutual cooperation can be exemplified to the fullest extent.

THE Indianapolis newspapers within recent years have had much to say concerning the management of the Indianapolis City Hospital, and if reports are true there was a time—and not so long ago either—when the hospital was in a deplorable condition as to management and general morale of the employees. Fortunately the present city administration has recognized the necessity of taking the hospital out of politics to a considerable extent and reorganizing the control and general management of the institution. At present there is every indication that the institution is run, so far as possible, along the most approved lines and with a sincere intention of making it a real hospital and one performing the intended functions of a hospital. More money should be appropriated for much needed repairs and some up-to-date equipment, but no doubt appropriations will be forthcoming when the present management demonstrates—as it no doubt will—that the hospital is capable of accomplishing results that are comparable with the results obtained in any other hospital of like character. It probably is impossible to get away from political influence entirely in the control of a public institution, but it is possible to get away from vicious politics which have been the ruination of so many public institutions. So far as the functions of a hospital are concerned, it makes no difference what the politics of the management may be providing the management is competent and efficient. At present the Indianapolis Hospital seems to be due for a period of regeneration and general improvement that should receive the encouragement and support of the people of the capital city. It also should be a source of gratification to know that remedies are being applied to correct the ills which threatened to destroy in a large measure the functions of the institution.



THE next session of the American Medical Association is to be held at Atlantic City, June 9 to 13, and will be known as the "Victory Meeting." It promises to be a rather pretentious affair, due to the cooperation of the War Department and the expected attendance of a large number of foreign guests who come as accredited delegates of their respective countries through an invitation extended by the A. M. A. and with the approval of our own government. It is thought that aside from some addresses by noted foreign guests there will be addresses by President Wilson, the Secretary of War and the Secretary of the Navy. There also will be papers and addresses by leading men in the medical profession of our own country, with much discussion of the medical and surgical work and the scientific advancements brought about as a direct result of the war. Some of these addresses will be delivered before the various sections, though most of them will make up the programs for the general meetings. The section work will go on about as usual with the one exception that the programs will be somewhat curtailed in order to give more time for the general meetings that are contemplated. The social features, which during the period of the war were not much in evidence at the sessions of the A. M. A., will be resumed, and it is expected that the various section, alumni and college dinners and banquets will prove very enjoyable. Atlantic City in itself is an attraction, and is the one place on the American continent where large conventions can be held and not be hampered for want of all of the accommodations and facilities that are needed for success; and now that most of the medical men who were in military service have been released the attendance at this year's session of the A. M. A. should be up to the usual mark.

IN a daily paper we read that fifteen years ago eggs were 9 cents a dozen, butter 20 cents a pound, potatoes 45 cents a bushel, oranges 15 cents a dozen, dressed chickens 10 cents a pound, sirloin steak 12 cents a pound, and other things in proportion. Considering the prices of today and the general cost of living, we are reminded that medical fees in general are the lowest of any that are charged. In fact there are many doctors who today are charging for their services no more than was charged fifteen years ago, and yet those same men are rendering, if anything, much better service than they did fifteen years ago, and today are justified in

charging more for their services. Not only are some of the medical men charging ridiculously low fees, but by word and action they are making it difficult for others to receive adequate and deserved compensation. As we have before now stated, we are not in sympathy with labor union methods to secure proper remuneration for professional services, and yet, some means should be adopted whereby medical men can have appropriate remuneration for their services. Other professions are receiving increased remuneration, evidenced by the notification on the part of lawyers that their fees have been greatly increased, in most cases practically doubled, and legislatures have recognized the justice of the demand of school teachers for increased pay. In fact, it may be said that in practically no line of human endeavor does the recognized compensation remain the same as it was in pre-war days. There is, therefore, no justifiable reason for doctors to render professional service for the fees that were charged in pre-war days, and the medical profession individually and collectively should recognize this fact and act accordingly.

THE Indiana State Board of Medical Registration and Examination has been endeavoring to increase the number of states with which reciprocal agreements have been established, in order to give Indiana licentiates as many reciprocal privileges as possible. A number of states hold that the reciprocal agreements should apply only to the men who have been licensed by a written examination in the state where the original license was obtained. The Indiana Board holds that no reputable physician should be barred from privileges conferred through reciprocity agreements, who holds a diploma from a recognized medical college and was licensed upon the presentation of such diploma and complied with the educational standard that obtained at the date of his education and licensure. It is conceded, of course, that a physician should not be admitted to licensure through reciprocity if his original license was issued on diploma subsequent to the date of the taking effect of the examination requirements in the state where license is sought.

The Board reports as a result of their recent campaign, Indiana now has reciprocal relations with the following states: Arkansas, Colorado, Georgia, Illinois, Kansas, District of Columbia, Kentucky, Louisiana, Maine, Maryland, Michigan, Minnesota, Missouri, Mississippi, Nebraska, New Hampshire, New Jersey, New

York, Nevada, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, Tennessee, Texas, Utah, Vermont, Virginia, West Virginia, Wisconsin and Wyoming. An agreement with Washington is pending and will be completed soon. The states of Louisiana, New Hampshire, New Jersey, New York, North Dakota, Pennsylvania, Virginia and Wyoming will not agree to reciprocate except on the basis of a written examination. This makes thirty-two states to which Indiana licentiates may be admitted to licensure through reciprocity.

---

IN a recent number of the *Fort Wayne News* we are taken to task because we do not place the responsibility on doctors for the defeat in the Indiana legislature of much needed public health legislation. The suggestion is put forth that had it not been for a band of antagonizing doctors the legislature probably would have been quite willing to pass the all-time health officer bill and would have considered more favorably other legislation pertaining to health and sanitation. We are quite willing to admit that there were some doctors with "axes to grind" who opposed some of the bills before the last legislature which should have had the unanimous support of the medical profession, and yet seldom does any legislation fail to meet with opposition and often times from those from whom you would scarcely expect it.

The strangest feature concerning public health legislation is that it is opposed by the very ones who are most benefited by it. According to the estimate of the average Indiana legislature, the life and health of a hog is worth anywhere from two to five times the life of a child. Little or no opposition is encountered in securing legislation to protect hogs from any kind of disease or accident, but to secure legislation to protect human beings, especially children, is quite another matter. However, to revert to the former criticism concerning the opposition of doctors to public health legislation, we frankly confess that there is room for more cooperation of medical men in furthering the aims and objects for which the medical profession stands. There is every reason why medical men should support reasonable public health legislation and be a unit in their support. The trouble of it is a few doctors who mix in politics are too apt to vent personal spite, or to antagonize purely for personal gain, and it is those doctors who ought to be influenced in such a manner that they will see the folly of their ways. With all due respect to our very worthy and capable

Secretary of the State Board of Health, it must be admitted that he has the reputation of lacking tact and of "rubbing the fur the wrong way" unnecessarily. In consequence he goes before our legislature with a bunch of sworn enemies fighting his measures, not because the measures are not good but because they dislike the author and sponsor of them. Then, again, with all due deference to the excellent work that has been done by that worthy gentleman, if favors are to be received from the legislature, and the legislature is to have some doctors in it, why not try a little more efficient means of securing the aid and cooperation of the doctors instead of taking it for granted that they will support any measures which stand for medical progress as applied to the protection of the public? In short, we are quite willing to admit that we ought to "see the beam in our own eyes before complaining about the mote in the eyes of others," and a little missionary work among members of the medical profession in an effort to get them solidly back of measures that are progressive as well as right and just will not prove amiss.

---

## DEATHS

---

GEORGE B. WORT, M.D., of Bremen, died April 18, age 73 years.

JAMES O. ZOOK, M.D., died April 8, at his home in Trafalgar, age 75 years.

MARY CATHERINE GRONENDYKE, wife of Dr. O. J. Gronendyke of Newcastle, died March 30, age 52 years.

DAVID A. McCLEARY, M.D., died March 28, at his home at Deer Creek, age 62 years. Dr. McCleary graduated from Rush Medical College in 1883.

JESSE H. LANAM, M.D., of Franklin, died April 6 of paralysis, age 71 years. Dr. Lanam graduated from the Central College of Physicians and Surgeons in 1882.

JOHN T. NEWHOUSE, M.D., of Chesterfield, died April 8 in the Muncie Hospital, age 72 years. He graduated from the Curtis Physio-Medico Institute in 1890.

JOHN E. FETZER, M.D., died April 14, at his home in Evansville, age 50 years. He graduated from the Kentucky School of Medicine, Louisville, in 1894.



LEWIS C. MILLER, M.D., oldest physician of Howard County, died April 19, age 75 years. He graduated in medicine from the Indiana Medical College, Indianapolis, in 1870.

JAMES O. WHARTON, M.D., of Waverly, Morgan County, died April 13 from injuries received in an automobile accident; age 67 years. He graduated from the Indiana Medical College in 1877.

CHARLES LOOMIS, M.D., of Etna Green, formerly practicing physician of LaPorte, died recently in a base hospital in Germany, having enlisted in the Medical Reserve Corps soon after the United States entered the war.

SAMUEL D. RICHARD, M.D., of Patricksburg, died in the Owen County Hospital, April 1, of pneumonia; age 79 years. Dr. Richard was born in Spencer in 1840, graduated from Rush Medical College in 1864, and served for a short time in the civil war.

STEPHEN J. YOUNG, M.D., of Terre Haute, died April 26, age 90 years. Dr. Young was born in 1829, graduated in medicine from the Medical College of Ohio, Cincinnati in 1851, and attained the rank of major as surgeon of the 79th Illinois Regiment in the Civil War. He was one of the founders of the Union Hospital in Terre Haute.

THOMAS GANTZ, M.D., died recently at his home in Spencer, age 78 years. Dr. Gantz was born at Corralton, Ohio, in 1840, and had practiced medicine in Owen County practically his entire life. Up until three years ago he was an active member of the Owen County Medical Society, but had withdrawn because of the infirmities of age.

CHARLES E. NUSBAUM, M.D., died at his home in Bremen following a long illness, age 51 years. Dr. Nusbaum was born in 1868, graduated from the Northwestern University Medical School in 1893, and had practiced medicine at Middlebury, Auburn and Bremen. He was a member of the Indiana State Medical Association.

GEORGE L. PARR, M.D., of Washington, died March 27 at the Good Samaritan Hospital, Vincennes, age 72 years. Dr. Parr was born in 1847, graduated from the Medical Department of the University of Louisville (Ky.) in

1874, and had practiced at Washington since 1893. He was a member of the Daviess County Medical Society and the Indiana State Medical Association.

JOHN G. WALTHALL, M.D., Gas City, died suddenly from heart trouble on March 28, age 64 years. He graduated from the Indiana College of Medicine in 1885, practiced medicine a short time in Howard County, then removed to Nebraska, where he practiced twenty-five years, and returned to Gas City four years ago.

ASHTON M. BALDWIN, M.D., of Marion, died in a government hospital in Denver, Colo., April 15; age 25 years. Dr. Baldwin graduated from Indiana University and later from the Louisville College of Physicians and Surgeons. He held the commission of lieutenant in the Medical Reserve Corps, and for many months had been assigned to the port of embarkation for American troops at Newport News. While there, working in the hospitals during the epidemic of influenza, he contracted bronchial trouble the result of constant exposure and overwork, which finally terminated in death. He was a son of Dr. M. F. Baldwin of Marion.

## NEWS NOTES AND PERSONALS

Anything in the line of physicians' supplies or equipment may be obtained from advertisers in *The Journal of the Indiana State Medical Association*. Patronize these advertisers for it means a continuance of their advertising patronage, and the latter means a larger and better Journal for you.

### GENERAL

DR. K. L. CRAFT has returned from military service and resumed practice in Indianapolis.

DR. J. E. P. HOLLAND has been re-elected president of the Bloomington Rotary Club.

LIEUT. FRANK MURRAY has returned to his practice at Zanesville after military service in France.

DR. JOHN M. WALLACE of Ridgeville was married April 15 to Miss Madge Mann of the same place.

DR. C. M. GILLESPIE of Whiting has sold his practice to Dr. M. E. Rafacz of Dyer, and removed to Tulsa, Okla.

DR. EVERETT PEA of Vincennes, with base hospital No. 22 at Cambria, has been promoted to the rank of captain.

DR. E. F. KRATZER of Waupecong suffered a broken leg and other severe bruises recently in an automobile accident.

THE residence of Dr. Perry Woolery at Heltonville was destroyed by fire on March 25. The loss was about \$5,000.

DR. FRED C. DILLEY of Brazil, with the A. E. F. at Pouta Mousson, France, has been promoted to the rank of captain.

DR. M. B. CATLETT of Fort Wayne, serving in a military hospital in Belgium, has been promoted to the rank of captain.

DR. ERVIN E. WRIGHT of Huntington has resigned as county coroner and removed to Rollo, Mo., to make his future home.

WORD has been received of the promotion to rank of captain of Dr. D. L. Lutes of Laud, now with the A. E. F. in France.

DR. RAYMOND AKIN of Bloomington, with base hospital No. 34 at Mesves, France, has been promoted to the rank of major.

THE United States Public Health Service estimates that over seven million people in the United States are infected with malaria.

CAPT. PAUL HURT, formerly of Base Hospital No. 32, has arrived in Indianapolis following his discharge from Camp Grant.

WORD has been received of the promotion to the rank of major of Dr. Stephen C. Markley of Richmond, with the A. E. F. in France.

WORD has been received of the death at Los Angeles, Calif., of Dr. C. S. Pixley, former practicing physician and surgeon of Elkhart.

DR. W. D. CALVIN of Fort Wayne, recently discharged from military service, has received notice of his promotion to the rank of captain.

DR. JOHN I. MARIS, formerly of Waymansville, has returned from military service and resumed civil practice, locating at Mooreland, Henry County.

ANY physician returning from military service and desiring a new location are asked to get in touch with Dr. H. R. Vandivier, Claypool, Ind.

THE base hospitals at Camp Custer, Mich., and Camp Travis, Texas, have been discontinued, and are now operated as camp hospitals.

DR. FRED METTS of Bluffton, who was furloughed home from France because of ill health, has been sent to West Baden for treatment.

LIEUT. LOUIS H. SEGAR, who is on military duty on the U. S. S. *Great Northern*, recently visited in Indianapolis prior to sailing on his third trip to France.

WORD has been received of the death at Scarlet Oaks Sanitarium at Cincinnati of Dr. William J. Andrews, former practicing physician at Muncie.

DR. WILLIAM F. CRAFT of Linton, county coroner for Greene County, and Miss Myrthel Dixon, a graduate nurse, were married May 2, at Bloomfield.

WORD has been received to the effect that Dr. Sam Pearlman of Lafayette, now with the U. S. Army in France, has been promoted to the rank of captain.

MAJOR ARTHUR F. WEYERBOCHER of Indianapolis, in command of Base Hospital No. 52, arrived from France on the transport *Princess Matoika* on April 27.

DR. FRANK B. WYNN of Indianapolis will deliver the baccalaureate address to the members of the senior class of Indiana University at Bloomington on June 8.

BLOOMINGTON's new City Hospital, nearing completion, is to be finished as a memorial to the Monroe County boys who served their country in the recent war.

MOSQUITOES representative of all species at camps or ports where United States troops are stationed are to be collected for the Army Medical Museum in Washington.

THIRTEEN nurses received diplomas from the Lutheran Hospital Training School, Fort Wayne, at the regular commencement exercises of the school, held May 14.

DR. HUGH M. MILLER of South Bend, who received his discharge from military duty in January, has been notified of his promotion to the rank of lieutenant-colonel.



DR. BERNHARD ERDMAN has been granted discharge from military duty and resumed the practice of urology, with office at Suite 27-28-29, Willoughby Building, Indianapolis.

DR. D. S. LINVILL of Columbia City has been named federal physician for Whitley County. His duties include care of federal employees and ex-soldiers and sailors.

DR. CARL EBERLY of Fort Wayne, recently discharged as a captain in the Medical Reserve Corps, has been appointed township physician, succeeding Dr. J. Frank Dinnen, resigned.

CAPT. HERMAN A. DUEMLING of Fort Wayne recently has received his discharge from military duty, returning home from Fort McHenry, Baltimore, where he had been stationed.

WORD has been received from Dr. Maurice Townsend of Pendleton, in charge of the sanitary train of the 7th division in France, of his promotion to the rank of lieutenant-colonel.

DRS. H. A. GOBIN of Greencastle, Demetrius Tillotson of Crawfordsville, and George F. Keiper of Lafayette, celebrated their birthday anniversaries on March 27 at the home of Dr. Gobin.

TIME to get after that early brood of flies, says the United States Public Health Service. Better to prevent the breeding of hundreds of flies now than to swat and trap millions of them in mid-summer.

CAPT. EDGAR F. KISER of Indianapolis, who for the past six months has been stationed at one of the debarkation hospitals in New York City, has returned to Indianapolis for the practice of medicine.

CAPT. CLARENCE G. REA of Muncie has received his discharge from military duty and returned to Muncie. He arrived in the United States from France on the transport *Mercury* the latter part of March.

THE Elkhart County Medical Society met April 3 at the office of Dr. Kreider at Goshen. The program included two papers, "The Relation Between Diseases of the Heart and Diseases of the Kidneys," by Dr. C. W. Frink, and "The Relation of Hyperthyroidism to Pulmonary Tuberculosis," by Dr. J. C. Fleming.

THE Howard County Medical Society held its regular meeting at the Carnegie Library, Kokomo, on April 4, and was addressed by Dr. George Marshall of Kokomo, recently returned from military duty.

AT a regular session of the United States Federal Trade Commission held in Washington, D. C., March 10, 1919, the complaint against the Victor Electric Corporation was ordered dismissed and discontinued.

DR. ANDREW T. CUSTER announces his return from military service and the removal of his offices to Suite 618 Hume-Mansur Building, Indianapolis. He limits his practice to rectal surgery and diseases of the rectum.

DR. JAMES B. MAPLE, formerly of Shelburn, has returned from military service and located at Sullivan, Ind., where he is to be associated with Dr. G. D. Scott, Sherman Building, limiting his practice to internal medicine.

DR. GRANT CHANEY has resigned as health commissioner of Wayne County in favor of Dr. George V. Cring, who resigned from that position a few months ago to enter military service, but has now received his discharge.

PLANS for the meeting of the Fourth Indiana District Medical Society, to be held at Columbus, May 27, are under the direction of Drs. O. C. Breitenbach, Bertha A. Clouse, Lotta R. Suverkrup, F. D. Norton and G. T. MacCoy.

THE report of the Indiana State Board of Medical Registration and Examination for the fiscal year ending Sept. 30, 1918, has been issued in reprint form from the Governor's Year Book, and is now ready for distribution.

DR. LARUE D. CARTER of Indianapolis, has been promoted to the rank of colonel in the Indiana National Guard. Colonel Carter has been commanding officer of base hospital No. 30 in France, and is reported to be on his way home.

AT the meeting of the Thirteenth District Medical Society, held at Goshen, March 20, the following officers were re-elected: President, Dr. J. C. Fleming, Elkhart; vice-president, Dr. S. C. Loring, Plymouth; secretary-treasurer, Dr. C. N. Howard, Warsaw; councilor, H. M. Miller, South Bend.

CAPT. R. L. SENSENICH of South Bend, formerly located with the base hospital at Camp Custer, Battle Creek, Mich., has been appointed chief to the medical service of Government Hospital No. 36 at Detroit, Mich., and entered upon his new duties.

LIEUT.-COL. CARLETON B. McCULLOCH of Indianapolis, who went to France with Base Hospital No. 32, and was one of a surgical team assigned to the French Third Army, where he saw much service at the front, has returned home and resumed practice.

ROBERT CLARK has been convicted in the Bartholomew Circuit Court of practicing medicine without a license. He pleaded guilty and was fined \$200. According to our latest report from the prosecuting attorney he is still in jail for failure to pay his fine.

THE Indianapolis Medical Society held a dinner at the Columbia Club on Tuesday, May 6. All members of the society in government service were special guests. Dr. E. D. Clark and Dr. A. B. Graham read papers based upon their experiences in Base Hospital No. 32.

CAPT. FRANK C. WALKER, Capt. Paul T. Hurt, Capt. Raymond C. Beeler and Capt. Elmer Funkhouser, all of base hospital No. 32, visited in Indianapolis the latter part of April on a two weeks' leave from Camp Jackson, S. C. They but recently arrived from overseas.

DR. E. H. KRUSE of Fort Wayne announces the removal of his offices from the corner of Berry and Clinton streets to the Central Building, corner of Wayne and Harrison streets. The new location includes a suite of ten rooms, all equipped with the most modern appliances.

THE bacteriological laboratory of G. H. Sherman, M.D., Detroit, Mich., manufacturer of bacterial vaccines, is in need of a detail man for the State of Indiana. In replying, give full details as to qualifications, experience, age, salary, etc. Resident of territory mentioned preferred.

DR. ALFRED HENRY of Indianapolis was re-elected president of the Marion County Society for Prevention of Tuberculosis at the annual meeting held recently at the Claypool Hotel. The name of the society was changed to Marion County Tuberculosis Association at this meeting.

DR. WILLIAM E. GABE, graduate of Harvard Medical School, who recently finished fourteen months surgical service in the Peter Bent Brigham Hospital of Boston, Mass., has opened an office at 712 Hume-Mansur Building, Indianapolis, where he is associated with Dr. Edmund D. Clark in surgery.

CHARGES have been filed asking for the revocation of the license of Dr. George Koons, Indianapolis. It is alleged that he has been guilty of aiding and abetting an addict in securing morphine. He was convicted of the offense in the city court some weeks ago. The Board will hear the petition at its next regular meeting, July 8, 1919.

THE new addition to Home Hospital, Lafayette, is completed and opened to the public on April 24. The new section is four stories high, contains three sun parlors, twenty-five private rooms, and the fourth floor is used for operating rooms. The basement is utilized for the roentgen-ray department, kitchens, diet kitchen, nurses' dining room, and storerooms.

BENJAMIN F. PENCE, M.D., of Columbia City, has been promoted to the rank of captain in the U. S. Medical Corps, the commission dating from Nov. 24, 1918. Captain Pence has been with the A. E. F. in France one year, and is now commander of a sanitary unit stationed at Colombey-les-belles, about twenty miles south of Toul and Nancy, France.

F. E. SCHORTEMEIER, executive secretary of the Indiana State Medical Association, addressed the Grant County Medical Society at Marion on April 22 on the subject, "The Past, Present and Future of the Indiana State Medical Association." He urged the necessity of getting back to a peace basis and touched on the many problems which face the profession.

DR. HERMAN G. MORGAN of Indianapolis, recently has received from Washington the certificate of President Wilson, signed by Carter Glass, secretary of the treasury, appointing Dr. Morgan as past assistant surgeon of the United States Public Health Service Reserve. The appointment is effective for five years. During the war Dr. Morgan served as an acting assistant surgeon.

ONE of the points especially emphasized at the annual "school" of Indiana health officers, held in Indianapolis May 6 and 7, was the



statutory provisions that require employees of restaurants, groceries, bakeries, meat markets and other food-handling establishments to be free from infectious or communicable diseases. A campaign to make these regulations effective was planned.

At the recent reorganization meeting of the Indiana State Board of Health held at Indianapolis, Dr. Hugh A. Cowling of Muncie was elected president; Dr. John H. Hewett of Terre Haute, vice-president, and Dr. John N. Hurty of Indianapolis re-elected secretary. Other members of the board are Dr. Charles B. Kern, Lafayette, retiring president, and Dr. James S. Boyers of Decatur.

THE license of George F. Smith, Bicknell, Ind., was revoked by the Board of Medical Registration and Examination, Feb. 26, 1919, on the ground of misrepresentation of the facts as to his high school education when he obtained his license. Dr. Smith has appealed from the decision of the Board to the Knox Circuit Court. The appeal has been venued to the Sullivan Circuit Court, where it will be tried May 19, 1919.

THIRTY-FIVE acres of land, one mile north of Marion, has been chosen as the site for the new Grant County Tuberculosis Hospital, the purchase price being \$12,000. It is located on high, level land, overlooking the Mississinewa River, and the Hospital will be known as St. John's Hospital in honor of the late Judge Robert St. John, a pioneer attorney and citizen of Marion who died one year ago. Building operations are to be started promptly.

THE following "prescription" for "Ailing Personal or Family Finances" is guaranteed to be "almost infallible in cases of abscess of the pocket, financial anemia and monetary myopia; helps to prevent debtitis, and is recommended equally good for physician as patient": "Fill at U. S. Postoffice or authorized agency. R — Thrift Stamps q. s., War Saving Stamps q. s. Met. Sig. Take daily or whenever foolish-spending nerve tingles. UNCLE SAM, M.D."

THE United States will provide sanatorium and hospital care for all the boys discharged from army or naval service, so far as their sickness or disability was contracted in the service of their country. The United States Public Health Service has already undertaken this stupendous task and is busily engaged in en-

larging its hospital facilities all over the country. One of the sanatoria will be located at Dawson Springs, Ky.; the location of the others has not yet been determined.

NINETEEN American women doctors are now in the Balkans, assisting the American Red Cross in its work of caring for the sick and destitute. These doctors are from the American Women's Hospital at New York, and are located in Serbia, Montenegro and Albania. Already their work has earned the warmest commendation of the government. Some of them have received decorations or been cited for conspicuous service among the soldiers and refugees.

ANNOUNCEMENT is made of the appointment of Dr. Rock Sleyster as successor to Dr. Richard Dewey as physician in charge of the Milwaukee sanitarium. Dr. Sleyster has had a number of years experience in nervous and mental disease as a medical superintendent in the Wisconsin State Hospital Service, and was formerly editor of the Wisconsin Medical Journal and Secretary of the Wisconsin State Medical Association. Dr. Dewey will act as medical director to the sanitarium.

THE Indiana University School of Medicine, through its representatives, will make an effort to share in the distribution of the \$300,000 the federal government has appropriated annually for the study and prevention of venereal diseases. The state officials later may seek to qualify for a share of the federal fund set aside for detention homes for the isolation and quarantine of venereal patients. Several states have been allotted sums for this work, and with the progress of the antivenereal campaign in Indiana, it is expected that the claims of this state will be recognized in Washington.

A FULLY equipped hospital, to be called the American Memorial Hospital, will be established in Rheims by the American Fund for the French Wounded in France, and already has been accepted by the French government. The city is donating the land, 16,000 acres, and the Fund is giving the hospital, which will cost about \$100,000. According to present plans the institution will have about 100 beds, and will be devoted, at first, principally to women and children. Parents who lost sons in the war are asked to endow beds in the hospital in memory of those sons. The endowment will cost \$6,000 for each bed, and will endow them for all time.

PLANS are being made by Armour and Company for the renewal of the medical examinations of 12,900 men and women working in the Chicago plant of the company; these examinations having been discontinued during the war due to the demands for food supplies and the enormous amount of extra labor needed. Dr. Volney S. Cheney, chief surgeon, and his corps of assistants, are in charge of the work. Every worker in the plant will be examined free, and in case defects which have interfered with a man's work are brought to light, the man or woman will be transferred to some other task in the plant which, in the opinion of the medical men, they are better able to perform.

BEGINNING with the April issue the Virginia Medical Monthly passed from the control of Dr. Charles M. Edwards to the Medical Society of Virginia, with Dr. Alexander G. Brown of Richmond, Va., chairman of the Publication Committee, in charge of the publication. Under its new management the journal is to turn over a new leaf as to ethics. It was established by Dr. Landon B. Edwards, father of its late editor, in 1874, and concluded No. 12 of Volume 45 with the March, 1919, issue. It began Volume 46 under the new management, with ethical advertising pages and with prospects of a bright future.

IN accordance with the circular issued by the Surgeon-General's Office on March 27 and May 27, 1918, all manuscripts written by medical officers of the army and intended for publication must be submitted to the Surgeon-General's Office for approval. Colonel Darnall, executive officer in the Surgeon-General's Office, has sent a memorandum to editors of medical periodicals requesting that retired officers of the Medical Department, as a courtesy to the Surgeon-General, shall continue the practice of sending to the Surgeon-General's Office copies, in duplicate, of all manuscripts intended for publication. One of these copies will be filed in the records of the Medical History of the War.

SIR WILLIAM CROOKES, aged 87 years, died recently in London, England. He was a graduate of the Royal College of Chemistry, assistant to Prof. A. W. von Hoffman in 1851, in 1854 superintendent of the meteorological department of the Radcliffe Observatory at Oxford, founder of the *Chemical News* and editor of the *Quarterly Journal of Science*. He was knighted in 1897. Among his most notable con-

tributions to science were the perfecting of a mercury air pump, an invention which hastened the development of the incandescent lamps; and the invention of the Crooke's tube which led to the discovery of the roentgen rays by the German investigator some years later. He also was the father of the electronic theory of radiant matter. Numerous books and articles on physics and chemistry have come from his pen.

"PROCAINE for Local Anesthesia in Surgery, the Specialties, and Operative Dentistry" is the title of a new booklet by Dr. F. H. McMechan, editor of the American Yearbook of Anesthesia and Analgesia. It is an editorial abstract of a series of articles on local anesthesia prepared by Dr. McMechan, and presents in simple, boiled down, yet detailed style the advantages of procaine over other local anesthetics: the various solutions and combinations used and how to prepare them from marketed products; indications and contraindications, and the technique for its use in spinal, sacral, venous, ophthalmic, rhino-laryngologic and dental anesthesia. A number of excellent illustrations add to its value. This booklet may be had free by any physician, hospital superintendent, surgeon or dentist sending his request to the Abbott Laboratories, 4757 Ravenswood Avenue, Chicago.

DURING April the following articles have been accepted by the Council on Pharmacy and Chemistry for inclusion with New and Non-official Remedies:

Nonproprietary Articles: Mercurialized Serum; Diphtheria Toxin-Antitoxin Mixture.

Abbott Laboratories: Barbitol-Abbott Tablets, 5 grains.

Lederle Antitoxin Laboratories: Anti-Anthrax Serum (Lederle); Antidysenteric Serum (Polyvalent) (Lederle); Tuberculin von Pirquet Test ("T. O.") (Lederle); Tuberculin Subcutaneous Test ("T. O.") (Lederle); Tuberculin "B. E." (Bacillus Emulsion) (Lederle); Tuberculin "B. F." (Bouillon Filtrate) (Lederle); Streptococcus Vaccine, Polyvalent (Lederle); Paratyphoid Vaccine (Lederle); Schick Test (Lederle); Mercurialized Serum-Lederle; Diphtheria Toxin-Antitoxin Mixture-Lederle.

RESTORATION of the use of hands of soldiers injured by shells, bullets or other missiles is being accomplished by a unique method devised by Major H. R. Allen, Medical Corps, of In-



dianapolis. Major Allen has been discharged from the service to return to his private practice, but his method has been adopted by the Surgeon-General and remains in use in the various army hospitals where reconstruction work is being carried on. The Allen method represents an instantaneous process of reshaping tool handles so that they may be used by deformed or crippled hands, and is the most recent of the ingenious inventions of Major Allen which have included various appliances for the treatment of fractures, dislocations and deformities. The application of the new invention is far-reaching, making for prompt improvement in the use of crippled or deformed hands. —*The Indianapolis Star*, April 20.

THE State Board of Medical Examination and Registration announce that thirty-six persons passed the February examination for license to practice medicine in Indiana. Fifteen persons passed with honors, making 900 or more points out of 1,000, and are as follows: Arlie R. Barnes, Edward Binzer, Louis B. Harshman, Emory Luckenbill, George B. McNabb, William Ward Norris, James Wynn, Ralph E. McIndoo, all of Indianapolis; Doster Buckner, Poneto; Cecil P. Clark, Goodland; Edgar C. Davis, Salem; Ora K. Enzor, St. Joseph; H. Voss Harrell, Noblesville; Lacey Shular, Waynetown, and Irvin C. Barklay, Evansville. Others who passed the examination are: Peter J. Birmingham, Norman R. Byers, Henry F. Crossen, Harvey B. Decker, David E. Hawthorne, Everett L. Hays, Thomas R. Huffines, Ray G. Ilkins, Maurice Kahler, Charles J. Kirshman, Frank E. Long, Robert L. McClure, N. F. Metaxas, Benjamin D. Paul, all of Indianapolis; George S. Bliss, Fort Wayne; Harry L. Kahan, Gary, and Harry J. Burkholder, Evansville.

THE United States Public Health Service is putting forth the most strenuous efforts to lessen venereal disease, and is enlisting the assistance of all physicians and druggists. The various state boards are cooperating most actively. The Indiana State Board of Health, along with other states, is establishing venereal clinics in the larger cities and towns; and in New York postgraduate courses for the training of medical men to handle the work of these clinics are being conducted. In the belief that the syphilis situation could be handled better if treatment for the general public was made possible, Col. H. A. Metz of the H. A. Metz

Laboratories, New York, is offering to the government and to the institutions cooperating with the U. S. Public Health Service, salvarsan and neosalvarsan at practically cost. These same low prices also have been extended to all state and municipal institutions treating the general public, so there may be no further excuse why the poor should not get the benefit of the best methods in the treatment of syphilis.

## SOCIETY PROCEEDINGS

### DELAWARE-BLACKFORD

The regular meeting of the Delaware-Blackford Medical Society was held in the Muncie Y. M. C. A. Building, Friday evening, May 2, with President C. E. Miller presiding.

Dr. Samuel Hollis of Hartford City addressed the society on the subject, "The Prevention of Hay Fever." Dr. Hollis for many years was a victim of this distressing affliction, and spoke with experience and understanding.

Two factors are to be considered when dealing with hay fever problems, (1) personal idiosyncrasy, and (2) the presence of the exciting cause in the atmosphere. No race of men is immune. It has been said that negroes and Indians are free from hay fever, but this is not true; neither is it limited geographically. All a sufferer need do to get relief is to go to any locality—East, West, North or South—where the particular flower, plant, shrub or tree which causes his trouble does not grow. The Kansas patient gets relief by coming to Indiana, and the Indiana victim may be free from attacks while in Kansas. The fact that a New York patient never suffers while in California does not prove that there is no hay fever in the latter state, it only indicates that the peculiar pollen causing *his* disease is not circulating through the Western atmosphere. Ragweed and goldenrod have received a bad name in this connection, but they are only two of a numerous and varied group. Frost is popularly supposed to end the hay fever season, yet all the frost does is to hasten the ripening and full maturity of weeds or plants so that the heavy rains usually following frosts beat the pollen to the earth, destroying its virulency and ending its dissemination.

Dr. Hollis has, for years, tried many remedies and treatments without benefit. His attacks arrived on schedule time the second week of every August and stayed the limit. Two years ago, about July 1, he began to dose himself with arsenic and belladonna, and continued it through the hay fever season with complete relief from all symptoms. One other patient, a young woman who is a professional singer, did not miss a rehearsal because of hay fever while taking the treatment, although in previous years she had been incapacitated. Dr. Hollis uses Fowler's solution and the official tincture of belladonna.

The subject was discussed by C. A. Martin, C. M. Mix, H. D. Fair, W. A. Hollis, W. W. Wadsworth and others.

Adjourned.

H. D. FAIR, Secretary.

## THE TRUTH ABOUT MEDICINES

### NEW AND NONOFFICIAL REMEDIES

Since publication of New and Nonofficial Remedies, 1919, and in addition to those previously reported, the following articles have been accepted by the Council on Pharmacy and Chemistry of the American Medical Association for inclusion with "New and Nonofficial Remedies":

**ANTI-ANTHRAX SERUM-LEDERLE.**—Marketed in packages containing one 50-Cc. syringe with bulb and sterile needle. For a description of anti-anthrax serum, see New and Nonofficial Remedies, 1919, p. 269. Schieffelin and Company, New York.

**ANTIDYSENTERIC SERUM (POLYVALENT)-LEDERLE.**—Prepared from horses immunized against the Shiga, Kruse, Flexner and Hiss types of dysentery bacilli. Marketed in syringes containing 10 Cc. each with sterile needle. For a description of antidyenteric serum, see New and Nonofficial Remedies, 1919, p. 269. Schieffelin and Company, New York.

**TUBERCULIN VON PIRQUET TEST ("T. O.")-LEDERLE.**—Old tuberculin marketed in packages containing three collapsible wax tubes and three scarifiers.

**TUBERCULIN SUBCUTANEOUS TEST ("T. O.")-LEDERLE.**—Marketed in vials containing 1 Cc. For a description of Old Tuberculin, see New and Nonofficial Remedies, 1919, p. 277.

**TUBERCULIN "B. E." (BACILLUS EMULSION)-LEDERLE.**—Marketed in vials containing 1 Cc. For a description of New Tuberculin, see New and Nonofficial Remedies, 1919, p. 280. Schieffelin and Company, New York.

**TUBERCULIN "B. F." (BOUILLON FILTRATE)-LEDERLE.**—Marketed in vials containing 1 Cc. For a description of Tuberculin Denys, see New and Nonofficial Remedies, 1919, p. 280. Schieffelin and Company, New York.

**STREPTOCOCCUS VACCINE, POLYVALENT-LEDERLE.**—A streptococcus vaccine marketed in 5-Cc. vials containing, respectively, 50, 100, 200, 400 and 800 million killed streptococci. For a description of Streptococcus Vaccine, see New and Nonofficial Remedies, 1919, p. 291. Schieffelin and Company, New York.

**PARATYPHOID VACCINE-LEDERLE.**—Marketed in packages of three 1-Cc. vials, one vial containing 250 million each of paratyphoid bacilli A and B, while each of the other vials contains 500 million each of paratyphoid bacilli A and B. For a description of Typhoid Vaccine, see New and Nonofficial Remedies, 1919, p. 292. Schieffelin and Company, New York.

**SCHICK TEST-LEDERLE.**—A diphtheria immunity test marketed in vials containing diphtheria toxin sufficient for ten tests, accompanied by the required amount of sterile diluent to make the proper dilution of the toxin. For a description of the Diphtheria Immunity Test (Schick Test), see New and Nonofficial Remedies, 1919, p. 305. Schieffelin and Company, New York (*Jour. A. M. A.*, April 19, 1919, p. 1136).

**DIPHTHERIA TOXIN-ANTITOXIN MIXTURE.**—A far more durable immunity against diphtheria can be established with a mixture of diphtheria toxin and antitoxin than with antitoxin alone. The immunity does not appear until a considerable period of time has elapsed, and hence the mixture is not applicable in an outbreak of disease. In general the overneutralized mixture is preferred. Several doses are usually required to induce immunity. Only those persons who are positive to the Schick test need be immunized, and the progress of the immunization may be determined by the response to this test.

**DIPHTHERIA TOXIN-ANTITOXIN MIXTURE-LEDERLE.**—A mixture consisting of five L + doses of toxin and 6.25 units of antitoxin. Marketed in vials containing one dose. Three doses are packed in a carton. Schieffelin and Company, New York.

**MERCURIALIZED SERUM.**—A solution of mercuric chloride in normal horse serum diluted with physiological sodium chloride solution. Mercurialized serum is proposed for the treatment of syphilis, particularly the cerebrospinal type. It can be used intraspinally and intravenously.

**MERCURIALIZED SERUM-LEDERLE.**—A brand of mercurialized serum complying with the New and Nonofficial Remedies description. It is marketed as Mercurialized Serum-Lederle, Dilution No. 1 containing mercuric chloride 0.0013 Gm. in 30 Cc. and Mercurialized Serum-Lederle, Dilution No. 2 containing mercuric chloride 0.0026 Gm. in 30 Cc. Each is accompanied with an equipment for intraspinal administration. Schieffelin and Company, New York (*Jour. A. M. A.*, April 26, 1919, p. 1225).

### PROPAGANDA FOR REFORM

**DICHLORAMINE-T AND PETROLATUM DRESSING FOR BURNS.**—Torald Sollmann reports that solutions of dichloramine-T in chlorococane do not protect the large open surfaces of burns against mechanical irritation and access of air. On the contrary, the solution is absorbed by the dressing, which is then glued by the wound secretions and causes pain and injury when the dressing is changed. As a result of a study of the decomposition of dichloramine-T by different solvents, Sollmann proposes the use of an ointment of three parts of surgical paraffin and seven parts of liquid petrolatum as a protective dressing on wounds (burns) treated with dichloramine-T-chlorococane solution. It may even be used as a basis for a dichloramine-T ointment (*Jour. A. M. A.*, April 5, 1919, p. 992).

**STEVENS' CONSUMPTION CURE.**—C. H. Stevens, a discredited London quack, has been attempting to exploit Canadian veterans at the Mountain Sanatorium for the treatment of pulmonary tuberculosis at Hamilton, Ont. The nostrum was claimed to contain "Umckaloabo root" and "Chijitse," but the analysis made for the British Medical Association showed it to contain no active drugs except alcohol and glycerin. The following is a brief history of this "cure": In 1904 Stevens was selling "Sacco" in Capetown, South Africa, but got into the courts and found it expedient to leave Capetown. In 1906, Stevens was in Johannesburg trading as the "South African Institute of Medicine" and selling his stuff as "Lungsava"; was twice convicted of violating the law and left for England. In 1907, Stevens was in London selling his "cure," and in 1910 was declared by the courts to be guilty of intentional fraud and his "cure" pronounced a quack remedy. In 1915, Stevens' "cure" appeared in the United States under the name of "U. C. Extract," exploited by the Umckaloabo Chemical Company of New York City. Today, Stevens is attempting to exploit tuberculous Canadian soldiers who have acquired the disease in the service of their country (*Jour. A. M. A.*, April 5, 1919, p. 1018).

**SURGICAL SOLUTION OF CHLORINATED SODA (DAKIN'S SOLUTION).**—According to New and Nonofficial Remedies, 1919, surgical solution of chlorinated soda may be prepared: 1. By the electrolysis of a sodium chlorid solution. 2. By the action of chlorin on sodium carbonate. 3. By the interaction of chlorinated lime and sodium carbonate solutions with subsequent treatment with either boric acid or sodium bicarbonate to reduce the alkalinity (*Jour. A. M. A.*, April 5, 1919, p. 1021).

**PROCAIN ANESTHESIA.**—There is no evidence of latent injury to the dental nerves from repeated in-



jections of procain to control supersensitiveness of the teeth. If an isotonic solution is used and this solution made sterile by boiling, it is not probable that it will be injurious (*Jour. A. M. A.*, April 8, 1919, p. 1022).

**PAW PAW TONIC.**—An advertisement declares that "Paw Paw Tonic" contains no alcohol, but admits that it contains port wine. A newspaper item details the conviction of a Charlotte, N. C., druggist for selling this tonic to young men who became drunk from drinking it. The counsel for the druggist maintained that if Paw Paw Tonic was taken according to directions, the medicine would not produce intoxication. The jury decided that a "patent medicine" which when taken in liberal quantities will produce intoxication, is an intoxicating liquor (*Jour. A. M. A.*, April 12, 1919, p. 1079).

**PROFLAVIN OLEATE.**—This is stated to be the oleic acid salt of the base contained in proflavin (the soluble sulphate of 3,6—diamino acridine. Proflavin oleate is not obtainable in the United States. Proflavin has been proposed in England for use as a wound antiseptic, but its usefulness has been seriously questioned (*Jour. A. M. A.*, April 12, 1919, p. 1099).

**BUTTERMILK THERAPY.**—For reliable information with regard to new therapeutic measures and reliable brands of drugs proposed for them, New and Non-official Remedies should be consulted. This book contains a chapter which discusses the probable value of the Metchnikoff sour milk therapy. The book also describes those brands of preparations which the Council on Pharmacy and Chemistry found to be reliable and exploited decently (*Jour. A. M. A.*, April 12, 1919, p. 1099).

**THE ADVERTISING OF SAL HEPATICA.**—There are two ways of advertising a "patent medicine"—by direct advertisement to the public and by means of propaganda which will lead the medical profession to acquaint the public with it. Sal Hepatica is advertised by the indirect method (*Jour. A. M. A.*, April 12, 1919, p. 1079).

**COLLOSOL COCAINE NOT ADMITTED TO N. N. R.**—Collosol Cocaine (Anglo-French Drug Co., Ltd., New York) is claimed to be a preparation containing 1 per cent. of cocain in colloidal form and is alleged to possess a remarkably low toxicity. However, the A. M. A. Chemical Laboratory found that a specimen contained not more than 0.4 per cent. of alkaloid; hence it does not have the composition claimed and is in effect misbranded. Further, in England it was conceded that the preparation was not an "absolute colloid" and that the declaration with regard to the percentage of cocain was incorrect (Barger, Dale and Durham reported that a specimen was found to contain but 0.25 per cent. of cocain). Without considering other objections, the Council on Pharmacy and Chemistry declared Collosol Cocaine inadmissible to New and Nonofficial Remedies because its composition was not correctly declared (*Jour. A. M. A.*, April 12, 1919, p. 1094).

**CUPRASE NOT ADMITTED TO N. N. R.**—Cuprase, sold by the Anglo-French Drug Co., Lt., New York, is stated to be a colloidal copper hydroxid containing 0.00121 gm. copper per 6 c.c. ampule. A box of eight ampules is sold by the agents for \$8.50, less 10 per cent. discount. The Council on Pharmacy and Chemistry reports that the therapeutic claims made in the advertising are those commonly made for cancer "cures" and are about equally convincing. It declares that some of the claims cannot be two severely condemned in a preparation which at best has only an experimental status. The evidence for the value of Cuprase published by the manufacturers or agents presents only vague generalities and no definite data.

On the other hand, the evidence gathered by Weil some years ago permits an estimate of the value of Cuprase, and it is entirely unfavorable. In view of the extravagant and cruelly misleading claims and indefinite statement of composition, the Council voted that Cuprase is ineligible for New and Nonofficial Remedies (*Jour. A. M. A.*, April 12, 1919, p. 1095).

**GOLDENROD AND HAY FEVER.**—In spring hay fever is caused chiefly by the pollens of grasses. The fall hay fever in the Northern, Eastern and Southern states is for the most part attributed to the pollens of the ragweeds. In the Pacific and Rocky Mountain states they are replaced by the wormwoods. Scheppegrell has concluded that goldenrod does not cause hay fever (*Jour. A. M. A.*, April 19, 1919, p. 1162).

**GERMANY AND THE AMERICAN CHEMICAL INDUSTRY.**—The Alien Property Custodian has issued a report which, in part, is devoted to a discussion of the influence which Germany has had on the chemical industry in the United States. It outlines how the German government obtained a practical monopoly in the United States in dyes, fine chemicals and synthetic drugs. The report explains how by-products of the dye works were converted into explosives—trinitrotoluene, for instance—and the advantage which the production of these explosives gave to Germany as a military power. The report explains that in medicinal chemicals very little real manufacture existed in the United States. The report discusses the ramifications of the "Big Six"—the German concerns which controlled the dye industry—in American industrial life and describes how their American branches were shown to be enemy owned and therefore taken over by the custodian. The "Big Six" were: Badische Anilin and Soda Fabrik, Farbenfabriken vorm. Friedr. Bayer and Co., Actien-Gesellschaft für Anilin-Fabrikation, Farbwerke vorm. Meister Lucius and Burning, Leopold Cassella, G.m.b.H., and Kalle and Co. Aktien-Gesellschaft. The American firms were: Badische Co. of New York, Bauer Chemical Company, Bayer and Co. (Inc.), Berlin Aniline Works, Casella Co., Farbwerke Hoechst Co., Heyden Chemical Works, Kalle and Company, Merck and Co., Roessler and Hasslacher Chemical Company and Synthetic Patents Co. (Inc.). The report closes with a description of a corporation to be known as the Chemical Foundation, Inc., which is to acquire by purchase the German patents which in the past have formed a colossal obstacle to the American dyestuff industry. The Alien Property Custodian has sold to this company for the sum of \$250,000 approximately 4,500 patents (*Jour. A. M. A.*, April 19, 1919, p. 1176).

**ANTHELMINTICS.**—The earthworm reacts with symptoms of toxicity to all clinical anthelmintics just as do the parasitic intestinal worms. This fact has enabled Torald Sollmann to reinvestigate the claims long made for certain drugs. *Spigelia* was found to have rather feeble toxicity, but fresh pumpkin seed and squash seed were quite highly efficient (*Jour. A. M. A.*, April 26, 1919, p. 1228).

**ANNUAL MEETING OF THE COUNCIL ON PHARMACY AND CHEMISTRY.**—Among the subjects considered at the recent meeting were: The Council decided to publish at an early date a report on the unscientific and commercial propaganda for nonspecific protein therapy. The Council appointed a committee to study the problems of serum and vaccine therapy with a view of publishing the evidence obtainable regarding both the value of, and also the dangers incident to, the use of serums and vaccines. A special committee was appointed to report on the present status of pollen extracts in the prophylaxis and treatment of hay fever. The Council adopted a resolution urging

(Continued on Advertising Page xxiii)

# A Daily Demand exists for



## *Pituitary Liquid (Armour)*

a physiologically standardized solution of Posterior Pituitary Substance that is entirely free from chemical preservatives.

$\frac{1}{2}$  c. c. ampoules for obstetrical use

1 c. c. ampoules for surgical use

(boxes of 6)

## *Corpus Luteum (Armour)*

is made from *true* substance and is indicated in the disturbances incidental to the natural and artificial menopause and other gynecological cases; powder, 2 and 5 grain capsules and 2 grain tablets.

## *Thyroids and Thyroid Tablets (Armour)*

run uniformly in iodine content. Thyroids is indicated in a large number of diseases. We offer Thyroid powder, and  $\frac{1}{4}$ ,  $\frac{1}{2}$ , 1 and 2 grain tablets.

***Armour's Surgical Catgut Ligatures*** are smooth, strong and thoroughly sterile; 60 inch lengths, plain and chromic, sizes Nos. 000 to 4, inclusive.

WE have some new literature on Corpus Luteum, Pituitary Liquid and Thyroids that we shall be pleased to forward to physicians that are interested.

**ARMOUR AND COMPANY**  
CHICAGO



"It is not so much where one takes the treatment, as how he takes it."—Brehmer.

## The Rockhill Sanatorium for the Treatment of Tuberculosis

Beautifully situated on Indian Hill, ten miles from the center of the city

A modern home-like institution with every convenience where the cardinal points of the treatment—rest, fresh air, nutritious food, and peace of mind can be had. Write for booklet.

Artificial Pneumothorax and Tuberculin  
given in suitable cases

City Office 910 Union Central Bldg., CINCINNATI, OHIO

DR. C. S. ROCKHILL  
Medical Director

## Drop it into the barrel

of your aseptic hypodermic syringe—"it" being an S&D hypo-tablet—add a few minims of clean cold or warm water, shake once, perhaps twice, and you have a solution that's limpid, accurate, non-irritating.

Could anything be easier or simpler? Or safer?—the risk of irritation is about nil with skill and a clean syringe and needle.

Most druggists supply; yours will if you ask him.

**Sharp & Dohme**  
the hypodermic tablet people



## THE TRUTH ABOUT MEDICINES

(Concluded from Page 148)

legislation which shall require the Public Health Service to extend its control of serums, vaccines, toxins and antitoxins to cover other potent remedies that are used hypodermically or intravenously. The Council passed a resolution that the control of arspenamine by the Public Health Service shall be continued and the price controlled by the government. The Council decided to describe in a separate section of New and Nonofficial Remedies proprietary preparations of therapeutic value which are so exploited as to be inadmissible to New and Nonofficial Remedies. A committee was appointed to establish fuller co-operation between teachers of therapeutics and pharmacology in medical schools and the Council. A committee was appointed to determine the present status of radium water therapy (*Jour. A. M. A.*, April 26, 1919, p. 1243).

**VERACOLATE TABLETS.**—The Council on Pharmacy and Chemistry examined Veracolate (Marcy Co.) in 1915 and found it to be semisecret in composition, unscientific in combination and exploited under unwarranted claims (*Jour. A. M. A.*, April 26, 1919, p. 1245).

**RADIUM TREATMENT OF ARTHRITIS DEFORMANS.**—According to New and Nonofficial Remedies it has been claimed that radium emanation is of value in all forms of nonsuppurative, acute, subacute and chronic arthritis (syphilitic and tuberculous excepted), in chronic muscle and joint rheumatism (so-called), in arthritis deformans, in acute and chronic gout, etc. Its chief value is in the relief of pain. Curative results seem to be lacking (*Jour. A. M. A.*, April 26, 1919, p. 1245).

## BOOK REVIEW

**QUARTERLY MEDICAL CLINICS: A Series of Consecutive Clinical Demonstrations and Lectures.** By Frank Smithies, M.D., F.A.C.P., Associate Professor of Medicine, School of Medicine, University of Illinois, etc., Augustana Hospital, Chicago. Volume I, Number 1, January, 1919. Published by Medicine and Surgery Publishing Company, Inc., Metropolitan Building, St. Louis, Mo. Annual subscription, \$5. Single copies, \$1.50.

As stated by the author, these Quarterly Medical Clinics are published for teaching purposes. They will represent clinics and lectures given by the author at the Augustana Hospital to the senior students of the School of Medicine of the University of Illinois.

The initial number contains the history of fifteen cases. In connection with each case is given the present and past history, the onset of complaint, and the results of physical examination, special examinations—including laboratory tests, roentgen-ray findings, etc.—and a discussion of the data secured, the probable diagnosis, and the treatment employed. In several cases the subsequent course and results are recorded. Numerous illustrations showing reproductions of temperature charts, roentgen-ray plates, microscopic slides, special instruments, and methods of diagnosis add greatly to the elucidation of the text. Of especial interest are the analyses of the findings which are most instructive to the general practitioner as well as the student. The histories of all of the cases are very complete and form such a splendid method of teaching that we bespeak for The Clinics a growing appreciation among physicians who desire to learn the latest methods of diagnosis and treatment.



## We Hide The Bran

### In Flavoury Flakes of Wheat

That is wise—is it not?

Thus we make bran food inviting. In Pettijohn's Food and Pettijohn's Flour it can be served in countless dainty ways.

Doctors asked us to make these foods for people who need bran daily, and who don't like clear bran.

Now many thousands of people constantly serve and enjoy them.

## Pettijohn's

### Rolled Wheat — 25% Bran

A breakfast dainty whose flavoury flakes hide 25 per cent of bran.

Also Pettijohn's Flour — 75 per cent fine patent flour, 25 per cent bran. Use like Graham flour in any recipe.

(3073)

# Stanolind

Reg. U. S. Pat. Off.

# Surgical Wax

A specially prepared, chemically pure, antiseptically-packed paraffin, for use in the hot wax treatment of burns.

Correct in melting point, in plasticity and ductility index.

Stanolind Surgical Wax is put up in quarter-pound cakes, individually wrapped in wax paper, carefully sealed, packed four cakes in a neat carton, and sold:

15c	per pound in	10 pound cases
14 $\frac{1}{2}$ c	per pound in	20 pound cases
14c	per pound in	40 pound cases
13c	per pound in	100 pound cases

Prices f. o. b. Chicago.

Reports from numerous authorities indicate that Stanolind Surgical Wax gives results equal to any of the compounds made and sold at high prices.

## Stanolind Petrolatum

### IN FIVE GRADES

"Superla White" is pure, pearly white, all pigmentation being removed by thorough and repeated filtering. Does not contain nor require white wax to maintain its color.

"Ivory White," not so white as Superla, but compares favorably with grades usually sold as white petrolatum.

"Onyx," well suited as a base for white ointments, where absolute purity of color is not necessary. Com-

pares favorably with commercial cream petrolatum.

"Topaz" (a clear topaz bronze) has no counterpart—lighter than amber—darker than cream.

"Amber" compares in color with the commercial grades sold as extra amber—somewhat lighter than the ordinary petrolatums put up under this grade name.

Standard Oil Company of Indiana guarantees the purity of Stanolind Petrolatum in all grades.

## STANDARD OIL COMPANY

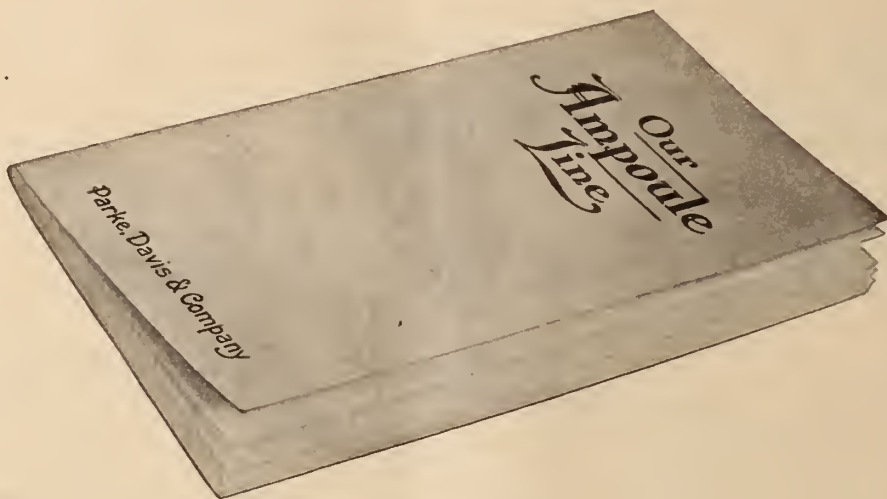
(Indiana)

*Manufacturers of Medicinal Products from Petroleum*

910 S. Michigan Avenue

Chicago, U. S. A.





## Let us send you this book

“OUR AMPOULE LINE” is the title of a newly revised brochure that should be in the hands of every surgeon and physician. This booklet has 58 pages of text matter. It sets forth briefly, but comprehensively, the salient advantages of ampoule medication. It points out the essential elements of a perfect ampoule and explains the modern methods of preparing sterile solutions.

The book illustrates and describes the proper way to fill the hypodermic syringe from the glaseptic ampoule. It gives a full list of our sterilized solutions, with formulas, suggestions as to dosage, etc. It has a useful therapeutic index.

We shall be glad to send a copy of this booklet to any physician or surgeon on receipt of request. Say by postal or letter, “Send me your new Ampoule brochure.” The little book will go forward to you promptly.

**PARKE, DAVIS & COMPANY**

DETROIT, MICHIGAN, U. S. A.

# THE JOURNAL

OF THE

## Indiana State Medical Association

Owned, Published and Controlled by the Indiana State Medical Association

ISSUED MONTHLY under the Direction of the Council

VOLUME XII  
NUMBER 6

FORT WAYNE, IND., JUNE 15, 1919

PER YEAR \$1.50  
SINGLE COPY 20 CENTS

### CONTENTS

#### ORIGINAL ARTICLES

	PAGE
A Consideration of the Bacteriology and Pathology of the Epidemic of Influenza. Virgil H. Moon, M.D., Indianapolis .....	149
The Medical Treatment of Duodenal Ulcer, with Special Reference to the Treatment of Hemorrhage. Frank W. Foxworthy, M.D., Indianapolis.....	152
Focal Infections. C. C. Cotton, M.D., Elwood, Ind.....	158
Headache as a Symptom. J. G. Jones, M.D., Vincennes, Ind. ....	160

#### EDITORIALS

Roentgenology a Specialty.....	162
A Field for the Practical Nurse.....	162
Economic Destruction of the Medical Profession.....	163

Legislative Generosity in Fighting Tuberculosis in the Human and Animal Families.....	164
Editorial Notes .....	164

#### SOCIETY PROCEEDINGS

Health Officers' School.....	172
Fourth District .....	173
Indianapolis Medical Society.....	173
Montgomery County .....	175

#### MISCELLANEOUS

Deaths .....	166
News Notes and Personals.....	166
Correspondence .....	170
The Truth about Medicines.....	175
Book Reviews .....	177

NEXT ANNUAL SESSION, INDIANAPOLIS, SEPT. 24, 25, 26, 1919.

LIST OF OFFICERS AND COMMITTEES ON ADV. PAGE 2.

ENTERED AS SECOND CLASS MATTER, JANUARY 20, 1908, AT THE POSTOFFICE AT FORT WAYNE, INDIANA, UNDER ACT OF CONGRESS OF MARCH 3, 1879. ACCEPTED FOR MAILING AT SPECIAL RATE OF POSTAGE PROVIDED FOR IN SECTION 1103, ACT OF OCTOBER 3, 1917, AUTHORIZED OCTOBER 18, 1918.

*Now Ready the New (2nd) Edition of*

## PULMONARY TUBERCULOSIS—FISHBERG

THIS is the book on tuberculosis that the Surgeon-General's Office adopted. *The problem of tuberculosis in soldiers was handled along the lines laid down in this work.*

The new edition is more than 100 pages larger than the first. Nearly every chapter has been revised and several have been rewritten. New chapters on tuberculosis of the pleura, and on the differential diagnosis of pulmonary tuberculosis have been added. Additional plates have been inserted illustrating the pathology of pulmonary tuberculosis, all drawn from autopsies of cases under the author's care. Many of the radiographic plates have been replaced and several new ones added so that these illustrations represent practically an *atlas of radiography of pulmonary tuberculosis*.

The author has had an experience of twenty years with tuberculosis problems in New York and he supplies full and clear information on etiology, diagnosis, prognosis and treatment. The general practitioner is called upon to treat the great majority of cases of tuberculosis at home. The author emphasizes the fact that in most cases we can give the patient the benefit of modern and approved treatment in his home as well as in institutions, and he then *shows how to do it*. You get the methods of treatment best adapted to the individual case and the conditions under which that treatment must be given to secure the best results. The book is thoroughly up-to-date throughout and stands out as a leading authority on the subject.

By MAURICE FISHBERG, M.D., Clinical Professor of Tuberculosis, University and Bellevue Hospital Medical College; Attending Physician, Montefiore Home and Hospital for Chronic Diseases, New York. Octavo 744 pages, with 100 engravings and 25 plates. Cloth, \$6.50 net.

PHILADELPHIA  
706-710 Sansom Street

LEA & FEBIGER

NEW YORK  
2 West 45th Street



# THE INDIANA STATE MEDICAL ASSOCIATION

Next Annual Session, Indianapolis, September 24, 25 and 26, 1919

## OFFICERS AND COMMITTEES FOR 1919

President.....W. H. STEMM, North Vernon  
 First Vice-President.....L. L. WHITESIDES, Franklin  
 Second Vice-President.....STEPHEN B. SIMS, Frankfort  
 Third Vice-President.....H. B. HILL, Logansport  
 Secretary-Treasurer.....CHARLES N. COMBS, Terre Haute  
 Executive Secretary, FREDERICK E. SCHORTEMEIER, 314 Hume-Mansur Building, Indianapolis.

## SECTION OFFICERS

Surgical Section—Chairman, Goethe Link; Vice-Chairman, H. K. Bonn; Secretary, H. O. Shafer.  
 Medical Section—Chairman, V. V. Cameron; Vice-Chairman, A. C. Kimberlin; Secretary, Jane Ketcham.  
 Eye, Ear, Nose and Throat Section—Chairman, John R. Newcomb, Indianapolis; Secretary, E. M. Shanklin, Hammond.

## DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION

For one year (term expires December 31, 1919), Charles Stoltz, South Bend; Albert E. Bulson, Jr., Fort Wayne. Alternates, E. E. Evans, Gary; H. B. Hill, Logansport. For two years (term expires December 31, 1920), Joseph Rilus Eastman, Indianapolis. Alternate, Miles F. Porter, Fort Wayne.

## COUNCILORS

Chairman, G. W. H. Kemper, Muncie.

### DISTRICT

TERM EXPIRES  
 1st—J. Y. Welborn, Evansville.....December 31, 1920  
 2d—J. B. Maple, Shelburn.....December 31, 1918  
 3d—Walter Leach, New Albany .....December 31, 1919  
 4th—A. G. Osterman, Seymour.....December 31, 1920  
 5th—Spencer M. Rice, Terre Haute.....December 31, 1918  
 6th—O. J. Gronendyke, Newcastle.....December 31, 1919

### DISTRICT

TERM EXPIRES  
 7th—T. B. Eastman, Indianapolis.....December 31, 1920  
 8th—G. W. H. Kemper, Muncie.....December 31, 1921  
 9th—William R. Moffitt, Lafayette.....December 31, 1919  
 10th—E. M. Shanklin, Hammond.....December 31, 1920  
 11th—G. G. Eckhart, Marion.....December 31, 1918  
 12th—E. E. Morgan, Fort Wayne.....December 31, 1919  
 13th—H. M. Miller, South Bend.....December 31, 1920

## COMMITTEES

COMMITTEE ON ADMINISTRATION AND MEDICAL DEFENSE—Permanent Members, President (W. H. Stemm, North Vernon) and Editor and Manager of THE JOURNAL, Albert E. Bulson, Jr., Fort Wayne; E. M. Shanklin, Hammond (term expires December 31, 1920); George R. Daniels, Marion (term expires December 31, 1919).

COMMITTEE ON SCIENTIFIC WORK—H. O. Shafer, Rochester; Jane Ketcham, Indianapolis; E. M. Shanklin, Hammond; Charles N. Combs, ex-officio, Terre Haute.

COMMITTEE ON PUBLICATION—The Council and A. E. Bulson, Jr., Fort Wayne.

COMMITTEE ON CREDENTIALS—George W. Spohn, Elkhart; P. C. Bentle, Greensburg; F. E. Schortemeier (executive secretary) Indianapolis.

COMMITTEE ON NECROLOGY—G. W. H. Kemper, Muncie.

COMMITTEE ON SCIENTIFIC EXHIBIT—B. D. Myers, Bloomington; Bernard Erdman, Indianapolis; A. G. Osterman, Seymour; H. W. McDonald, Newcastle; William A. Thompson, Liberty; A. E. Bulson, Jr., Fort Wayne; F. E. Schortemeier (executive committee) Indianapolis.

COMMITTEE ON ARRANGEMENTS—C. H. McCaskey, Indianapolis, Chairman; Clarke Rogers, Indianapolis, and A. L. Marshall, Indianapolis.

# FREE

Sterile  
Specimen  
Containers  
Slides  
Culture  
Media and  
Complete  
Fee Table  
on request

Write or  
Wire

# Clinical Laboratory Analyses

The kind of clinical laboratory work that commands respect

Wassermann and other complement fixation tests ...\$5.00

Autogenous Vaccines. In single vials or ampules ..\$5.00

Lange Colloidal Gold test of Spinal fluid .....\$5.00

Tissue Diagnoses. Frozen section, paraffin or celloidin \$5.00

ABDERHALDEN PREGNANCY and other  
Abderhalden reactions.....\$5.00

MILK, FOOD, SANITARY AND TOXOLOGICAL INVESTIGATIONS

Accurate Analyses of All Secretions, Excretions and Body Fluids

ESTABLISHED BY  
DR. M. HERZOG  
DR. H. C. SWEANY  
DR. MEYER D.  
MOLEDEZKY  
DIRECTOR

*Laboratory of*  
**PATHOLOGY AND BACTERIOLOGY**  
THE MOST MODERN EQUIPPED LABORATORIES IN THE U.S.

1130 MARSHALL FIELD ANNEX—25 E. WASHINGTON ST.

PHONE  
RANDOLPH  
6552-6553  
CHICAGO  
ILL.

# THE JOURNAL

OF THE

## INDIANA STATE MEDICAL ASSOCIATION

DEVOTED TO THE INTERESTS OF THE MEDICAL PROFESSION OF INDIANA

ISSUED MONTHLY under Direction of the Council

ALBERT E. BULSON, Jr., B.S., M.D., Editor and Manager

OFFICE OF PUBLICATION: 406 West Berry Street, FORT WAYNE, INDIANA

VOLUME XII

FORT WAYNE, IND., JUNE 15, 1919

NUMBER 6

### ORIGINAL ARTICLES

#### A CONSIDERATION OF THE BACTERIOLOGY AND PATHOLOGY OF THE EPIDEMIC OF INFLUENZA \*

VIRGIL H. MOON, M.Sc., M.D.

Department of Pathology, Indiana University School of Medicine

During the recent epidemic of so-called influenza we have had opportunity to make bacterial cultures on a number of both simple typical and complicated infections of this epidemic disease, and to make necropsy examination on nineteen fatal cases. While these observations are not sufficiently extended to warrant definite conclusions from them alone, yet the results coincide in the main particulars with the recently published findings of other observers, and these results compared and considered together may be made the basis for opinions and tentative conclusions. No attempt is made here to review in detail the published reports on this infection as such a review would make this discussion too voluminous, and further reports are appearing continually.

#### BACTERIOLOGIC OBSERVATIONS

Material for bacterial examination was first smeared directly on slides, stained both by Gram's method and with methylene blue, and examined microscopically for types of bacteria. Sputum to be tested was first washed thoroughly in sterile salt solution in order to free it, so far as possible, from contamination with saliva. Cultures in every case were made by streaking the material on plates of fresh human blood agar. Many cases were also cultured in ascites-broth.

Twenty cultures were made from throat

swabs only. These resulted in several types of organisms in each case, as, of course, the bacteria present in normal throats could not be excluded. Pneumococci were the predominating organism in thirteen cases; streptococci were found in fifteen; *Bacillus influenzae* in three; staphylococci in four; *Bacillus mucosus* in three; *Micrococcus catarrhalis* in five, and diphtheroid bacilli in two cases. In order to avoid the abundant bacterial flora present in normal as well as infected throats cultures from throat swabs were discontinued and examination of material from other sources was substituted as less confusing.

Cultures were made from the sputum of twenty-seven cases. In only two of these sputa were *B. influenzae* found by direct examination, and they were found in only one culture from the sputum. Pneumococci were obtained in pure culture in sixteen cases; pneumococci and streptococci in five; streptococci alone in nine. *B. mucosus*, *M. catarrhalis* and staphylococci were also present in several cultures.

Cultures were made from the inflammatory exudate present in the lungs at necropsy in sixteen cases. In these the organisms obtained were in similar percentage to those above given. Pneumococci were found in pure culture in eight cases; pneumococci and streptococci in three, and streptococci alone in five. *B. influenzae* was cultivated from one of these cases, and it is of interest to note that this case was one of moderately advanced active tuberculosis in which the epidemic infection was the terminal factor.

Cultures were made from the following complicating infections occurring as sequelae to the primary epidemic infection: Seven cases of pus from empyema, four cases of mastoid and middle ear infection, nine cases of infected sinuses, and four cases of tonsillar abscess. These resulted uniformly in cultures of pneumococci and streptococci either singly or mixed.

\* Presented before the Marion County Medical Society, Dec. 3, 1918.



No other organism was present in cultures from these sources. Streptococci of the hemolytic variety in all cases predominated over the nonhemolytic in approximately the ratio of 3:2.

#### SERIOLOGIC OBSERVATIONS

An attempt was made to demonstrate the presence of specific antibodies in the serum of infected cases by complement fixation. Sera from twelve patients who were recovering from the infection were tested against an antigen made of equal parts of pneumococci and streptococci obtained from the cases above described. Nine of the twelve produced positive fixation with this antigen while the sera from ten normal healthy young adults were positive in two and negative in eight cases. Neither the sera from the patients nor the controls produced fixation of complement when tested against a similarly prepared antigen of *B. influenzae*.

#### PATHOLOGIC OBSERVATIONS

We made necropsy examination on nineteen cases which died of this infection. The findings here were uniform in certain characteristics and varied in others. The mucous linings of the trachea and bronchi were uniformly swollen and congested. They had a peculiar bluish red color not seen usually in ordinary inflammations. The pathology of the lungs in this epidemic has been frequently described as a massive or confluent pneumonia of bronchial rather than lobar distribution, accompanied by varying amounts of watery fluid in the adjacent lung tissue and alveoli. These characteristics were present in each of our cases. The lower lobes were most frequently involved. We saw no cases in which the upper lobes were more extensively involved than the lower. The consolidation was irregular in extent and distribution, sometimes so extensive as to simulate somewhat a lobar pneumonia, though in every case a portion of the periphery of the lobe contained air. Occasionally there was a central mass of consolidation surrounded on all sides by air-containing lung tissue. Often the lung tissue which was not consolidated was extremely edematous with a fluid red with dissolved hemoglobin. In several cases there were necrosed areas varying from a few millimeters to several centimeters in diameter. In one case there was well advanced abscess formation. In one case the minute areas of necrosis were beginning abscess formation so that grossly the appearance was identical with that of active

tuberculous nodules. The true character of these lesions was evident only on microscopic examination.

Microscopically the walls of the bronchioles were thickened, congested and edematous. Often a true bronchitis was indicated by the destruction of the epithelial lining and the presence of a purulent exudate within the bronchioles. The alveoli contained exudate which varied in different areas, being filled with leukocytes in some areas and containing fluid in others. Fibrin was present only in small or moderate quantities. The vessels and capillaries throughout were greatly congested. Sections stained for bacteria showed many cocci in pairs and short chains both within the exudate and within the lung tissue. No other bacterial forms were seen.

Both the pleura and the lung on section had a deep cyanotic purple color. The pleurae were frequently mottled with small hemorrhagic patches. In five of the nineteen cases there was inflammation of the pleura with the formation of fluid, varying in character from serous with flakes of fibrin to a frankly purulent fluid. The amount of fibrin present was markedly less than in pleuritis complicating lobar pneumonia.

The heart, liver and kidneys were regularly in a marked condition of parenchymatous degeneration. This was frequently so severe as to resemble very closely the degree of degeneration present in the organs after death from scarlatina. In several of the kidneys microscopic examination showed an acute nephritis, and marked congestion of the glomeruli was present in every case.

In seven cases the sinuses of the face were opened and examined. In five of these one or more sinuses were acutely infected. Pneumococci were isolated from four of these and hemolytic streptococci from two. No other organisms were obtained.

The meninges in each of the seven cases were acutely congested but there was no true meningitis apparent as the fluid contained no organisms that could be cultivated on blood agar or ascited broth.

In two cases there was a marked hemorrhagic inflammation of the mucosa of the ileum.

In two cases a marked hemorrhagic cystitis was present involving the region about the trigone of the bladder.

In three cases there were localized areas of necrosis and hemorrhages within the substance of the rectus abdominalis muscles.

Three of the subjects were pregnant women in whom abortion had occurred spontaneously during the infection.

None of the cases were under 3 nor over 45 years of age.

#### DISCUSSION

The bacteriologic findings correspond fairly closely to those recorded in many recently published reports. In comparing these reports the following points become evident. The *B. influenzae* occurs in entirely too small a percentage of cases to be regarded as the primary infectious agent. This bacillus can be cultivated from a higher percentage of cases of whooping cough or measles than the average percentage in which it has been found in the present epidemic. Other organisms as pneumococci and streptococci, both hemolytic and nonhemolytic, have been found in a much higher percentage, but the occurrence of none of these is sufficiently constant to justify the assumption that it is the primary infectious agent. The demonstration of specific immune qualities in the blood of convalescent patients has not been sufficiently regular in our hands to support the assumption that either of the organisms tested is chief factor in the infection. We are of the opinion that the primary infectious agent has not as yet been demonstrated; that the disease is caused by an organism as yet unrecognized, which by its invasion so weakens the resistance of the tissues, particularly of the respiratory tract, that those tissues may be invaded readily by whatever type of pathogenic bacteria the patient may be harboring in his respiratory tract at the time—bacteria which in his normal state of health were unable to invade his tissues and produce infection. Such a supposition is in keeping with the fact that pneumococci and streptococci of various types are the most common pathogenic bacteria present in the throats of healthy persons, and that each of these forms occur in a rather high percentage but none of them regularly in this infection. An analogous condition is present in scarlatina which is so frequently accompanied by a more or less general invasion of the patient's system by streptococci. Other points of similarity between the present epidemic and the group of exanthematous diseases have been commented on by other observers.

It is a hazardous thing to advance an hypothesis entirely unsupported by experimental evidence or confirmatory data of any kind. The following suggestion is purely such an hypothesis and unfortunately its confirmation

or refutation by direct evidence is difficult. Treatises on bacteriology and immunology teach that there is a certain degree of resistance acquired by races or groups of people against diseases endemic among them, which resistance becomes the heritage of succeeding generations of the race or group. Example is cited of measles which has been so long endemic among the groups of the Caucasian race that their resistance to it has become such as to render its mortality relatively low. The natives of the South Sea Islands among whom measles was unknown had acquired no such resistance to it, hence when the disease was introduced among them the epidemic which followed was of such high mortality as to threaten the depopulation of the islands. Is it not possible that the present disease has long been endemic among some group of population whose isolation socially and economically has prevented its spread to other groups? That they have become relatively resistant to the disease, while among us, a group possessed of no heritage of resistance to it, its mortality is as high as that of measles among the natives of the South Sea Islands. The world war which was accompanied by the mixing and mingling of peoples from remote and isolated regions has furnished abundant opportunity for the spread of such a disease from a previously isolated group.

As to the mode of transmission we have more evidence than is at hand on the nature of the organism producing it. The spread has been far too rapid to have occurred by means of food, drink, insects, or other carriers. Infections carried by either of these agents spread relatively slowly. Infections carried by droplets projected from the respiratory tract and inhaled into the respiratory tract of others, spread with great rapidity. An observation of the course of the epidemic in Indianapolis is significant. On and previous to Nov. 8, 1918, the number of new cases occurring daily had dropped quite low. On November 8 the false report concerning the armistice precipitated a huge spontaneous celebration in which a large percentage of the city's population crowded the sidewalks and streets in dense masses. Singing, shouting and cheering were general. For blocks the cheering crowds were so dense that progress on foot among them was almost impossible. The conditions were ideal for the spread of disease by droplet transmission. Three days later the number of new cases reported daily rose by more than 600 per day above the numbers for the preceding days. This occurrence was duplicated following the second celebration on



November 11, when a popular demonstration equaling the first was held.

This disease produced its most marked pathology, and in many cases its only demonstrable pathology in the respiratory tract. Evidence of its invasion of the system through other avenues is lacking. Droplet transmission is probably the most important factor in the spread of this infection.

---

## THE MEDICAL TREATMENT OF DUODENAL ULCER

WITH SPECIAL REFERENCE TO THE TREAT-  
MENT OF HEMORRHAGE

FRANK W. FOXWORTHY, M.D.  
INDIANAPOLIS

After the diagnosis has been made, then the question arises of whether the treatment shall be medical or surgical, and this often can be easily determined by consultation with an expert roentgenologist, who has not only made plates of the condition, but also has studied the process of digestion.

Of course, with a deep crater showing in the plate, there is no question but what the treatment is surgical, as perforation may occur at any time.

Next, the class of cases which show a marked spasm of the pylorus, which may be treated medically for a time, especially using the anti-spasmodics, as tincture of belladonna in ten to fifteen drops three or four times daily. After getting the physiological effect, take another plate which, if it still shows marked retention at the end of six hours following the meal, the case is probably surgical.

The third and largest class are those of simple, uncomplicated ulcer, in which the treatment seems to me to be purely medical.

Various authors have published figures to show that operation even in the best of cases often gives poor results, and that often also the medical treatment has to be used following the operation.

My own methods in medical treatment of duodenal ulcer can be most easily demonstrated by showing the treatment of the following case, after the patient had a most serious hemorrhage. These methods are not necessarily original, but are the experience of the past eleven years, combined with the instruction derived from the clinics of Ewald, Boaz, Strauss, Einhorn and others.

On Oct. 23, 1916, Dr. C. E. Day and myself examined a gentleman, 36 years old. The diagnosis was duodenal ulcer, capable of medical treatment. The coffee-ground material that was shown after the test meal gave an indication that we might have to combat serious hemorrhage.

The patient absolutely refused to go to the hospital, and it was necessary to give him the entire course of treatment at home, which is more difficult than when treated in institutions for that purpose. I always insist that my ulcer cases go to the hospital, and that they be put to bed at once. The patient in this case was already in bed and was given instructions that he must lie absolutely quiet, flat on his back, and not to get up under any circumstances, even to the toilet.

Every particle of medicine and food was kept from him by mouth, and was given in the form of nutrient enemas, which were allowed every six hours. For this purpose, we used the whites of three eggs in one pint of normal salt solution—warm. The second feeding was of beef bouillon, 4 ounces, all feedings to be given by the Murphy drop method. Before each feeding, 1 quart of normal salt solution was used as an enema to cleanse the lower bowel. Gastric lavage was given daily, 2 drams of sodium bicarbonate to 2 quarts of warm water.

Hot turpentine stupes were used on the abdomen several times daily.

A very small amount of chipped ice was allowed in his mouth to stop the thirst. The amount of fluid in the feedings, together with the normal salt solution were sufficient to allay thirst.

Although there was no return of any blood in the stools at first, yet after a few cleansing enemas dark bloody fluid showed, with small flakes and foul odor.

The turpentine stupes were discontinued then, and large ice caps were used on the abdomen continuously. The nutrition was changed partly, by substituting a malt soup, 4 ounces, in place of the egg albumin, and peptonized milk, 4 ounces, in place of the beef bouillon. If one feeding gave evidence of much gas following it, a change was made to another of the above mentioned foods.

On October 27, at 5 o'clock in the morning, the patient complained of severe pain in the stomach, and a mustard plaster was placed over the stomach, and he had two doses of a powder composed of calcined magnesia and sodium

bicarbonate in equal parts, half a level teaspoonful in warm water. As all our evidence showed that the hemorrhage had been previous to my seeing him, and as there was considerable gaseous disturbance of the abdomen, a change was made from the ice cap to the hot turpentine stupes. Several normal salt solution enemas were given, and also sips of hot soda water. As his intestinal tract needed cleansing from above, two doses of magnesium citrate were given, 6 ounces each, on the afternoon of October 28. The evacuation from these in the afternoon of the same day showed black tarry stools.

During this time his pulse was running from 64 to 80, respiration about 18, and temperature normal.

There was more complaint from gas in the abdomen than from any other symptom.

As the enemas still kept showing dark coffee-ground flakes, great care was used to keep him absolutely quiet, free from worry, and to restrain him from tossing in bed, as he complained repeatedly of feeling very nervous. In order to combat this symptom, veronal, grains 10, was used in panopepton, 4 ounces per rectum, Murphy method.

On October 30, the stools had turned gray, with considerable solid matter in them. Patient was still being kept on nutrient enemas.

As it had now been over a week since I first saw the patient, and as there was considerable irritation from the nutrient enema, even at the risk of inducing further hemorrhage, I believed it was absolutely necessary to again start nourishment by mouth, which was done the evening of October 30, with the whites of two eggs and an equal quantity of cool water. The veronal was continued by rectum, and seemed to give very good satisfaction in quieting him and giving him sleep. His bowels moved the next day, showing considerable fecal material without any indication of hemorrhage.

On this same day, I gave hypodermatically 5 minims of autogenous vaccine, which had been carefully prepared by Dr. H. R. Alburger. This was procured when I first saw the patient, by a careful washing of the stomach with sterile water, and careful sterilization of the tube. After several washings, a measured amount of sterilized water was introduced, and the patient was turned on his right side, the tube passed in this position to approximately the pylorus, as far as I could judge, the water was abstracted, centrifuged, and the culture grown.

This method was tried on account of the work in the Mayo clinic, showing the selective action of bacteria in gastric and duodenal ulcer.

The feedings of the white of two eggs were kept up every three hours, alternating with half of a teacup of beef bouillon. As there was still some disturbance of the intestinal tract being shown in the amount of gas present, he was also given fifteen drops of turpentine in a normal salt solution enema.

On November 3, a second dose of 7 minims of the vaccine was given. Feedings were increased to the whites of three eggs. Pulse and temperature running normal.

On November 4, at 11 o'clock p. m., following the feeding of the albumin water, he had a large emesis of bright red blood, with two large clots in it. At once he was given morphia, one-fourth grains, by hypodermic, and ice caps over the stomach, and normal salt solution, 1 quart given per rectum, Murphy method.

Two hours later another large amount of bright red blood was vomited. As the pulse was getting very weak and irregular, 20 c.c. of normal horse serum were injected into the median vein, and 40 c.c. of normal salt solution were injected under the skin, and the pulse commenced to revive at once, and hot applications were used to the extremities. At 8:30 a. m. another large bloody emesis occurred with clots. Another quart of normal salt solution was given, per rectum, Murphy method, and morphia was given, one-fourth grain, hypodermatically, every hour until the respiration had gone down to 5 per minute. During the day Dr. Thomas Noble was called in consultation and agreed to pushing of the morphia to the physiological limit. Notwithstanding the large amount of the narcotic, the patient was awake and talkative, and begged so hard for a few puffs of cigar smoke that they were allowed him. At seven p. m., November 5, the pulse was thready and weak, and the morphia was stopped. Respiration at this time was 4 per minute.

The same night he had a further large coffee-ground emesis. The hypodermics of morphia were again started on this date, and the same treatment as before outlined was repeated, excepting that the horse serum was not given, but large amounts of normal salt solution were given by rectum. Veronal was added to the rectal feedings the latter part of that day; also both Dr. Day and myself thought that an ounce



of pantothen added to the normal salt solution was needed. Again morphia was given until the respiration dropped to 4 per minute when asleep and 8 when awake.

The mouth during this period has been kept carefully cleansed, and teeth brushed, liquor alkalinus antisepticus being used.

As no further hemorrhage occurred, the morphia was stopped, and veronal per rectum continued, dosage, 5 grains.



Fig. 1.—Ulcer of the kind that responds easily to medical treatment. No deep crater, and the bismuth meal has passed beyond it easily.

The third day after the last hemorrhage, he was allowed to sip cool water, and rectal feedings continued until November 9, when he was allowed sips of hot tea, and on November 10, the feedings were again started by mouth, the whites of two eggs with an equal quantity of cool water.

During all this time the skin had been kept in excellent condition by the nurse, by alcohol rubs and massage.

For the first two days of the feeding by mouth, half the nourishment was given that way and half by rectum. Beef tea was added to the diet list; also oyster broth, chicken broth and similar foods.

His temperature, pulse and respiration being normal, on November 12, the two doctors and two nurses were discharged by the family, who had constantly opposed much of the treatment, as most of the family were Christian Scientists. Undoubtedly, much of the delay in convalescence was due to their continual arguing

with him in spite of requests from the physician and nurse that the patient not be disturbed.

As the patient had been supplied with a correct diet list by a leading sanatorium, I have no doubt but that it was followed out in the further care of the case, as he has informed me since then that he had to be careful of his diet.

As it was a full week since the last indication of hemorrhage he was ready for the first feeding of semiliquid foods.

Care was taken that, after each feeding by mouth, the patient must lie on his right side for one-half hour.

Too much credit cannot be given in this case to the intelligent cooperation of the attending physician, Dr. Clark E. Day, and the splendid attention he received from his nurse, Miss Downs, which was in marked contrast to that given by the patient's family.



Fig. 2.—Class 11. This kind oftentimes responds to the anti-spasmodics, and should be treated medically.

#### COMMENTS

Transfusion was not used in this case as we did not have the patient in the hospital. With proper coagulability of the donor, this would have been an ideal method of restoring the enormous amount of blood lost by the hemorrhage. This is another argument that the treatment of duodenal ulcer should be given in hospitals.

This is especially seen also in the treatment of infants, giving far better results than any

other form of medication. Intramuscular injection of blood up to 100 c.c. to be repeated in twenty-four hours has been used with very good success, but this must be done early in order to have a good prognosis, as often the diagnosis in infants is made too late, and not until the blood passes through the alimentary canal. (1)



Fig. 3.—Class 11. Ulcer susceptible to medical treatment for a week or two. If scar obstruction persists, should refer to surgery.

Coagulen has shown very good results, in 20 c.c. doses of 3 per cent. solution, intravenously. It is a powder composed of the natural coagulents of animal blood, and should be made up into a 5 to 10 per cent. solution of normal salt, or in distilled water. It is well to boil the solution before using. When used locally in the stomach, it is necessary to have the stomach empty of food or clots, as its effect is oftentimes only secured by direct contact with the bleeding surface. (19)

Coagulose is the hemostatic ferment from normal horse serum. This is supplied in powder form, and can be made up into a solution with 6 c.c. of sterile water. One dose is put up in a package. This dose is 0.65 gm. of the desiccated powder. (14)

Hemoplastin is still another preparation of similar character, to be given intravenously. The dose is from 1 to 2 c.c. Local hemostatics includes hemogulen, which is produced from fresh brain substance, and is largely composed of kephalin, a thromboplastic substance, which hastens the clotting of the blood without con-

stricting the blood vessels. It is given in doses of from one-fourth to 1 ounce diluted with water, by mouth, but it is best to be used with the stomach empty.

Thromboplastin is a similar preparation made from the brain of the ox, administered by mouth in doses of 20 c.c. diluted from twelve to fifteen times with water. It is also put up in 20 c.c. packages, to be used hypodermatically. (9)

When it is difficult to use any of the above mentioned methods, Hogan's colloidal has been used with good results. It is composed of gelatin, 25 gm.; sodium chlorid, 1.5 gm.; distilled water, 100 c.c., which should be boiled for fifteen minutes and filtered, and kept in an autoclave for one hour, at a temperature of 255 F., then put on ice. For use, warm until gelatin melts, and add to it 1,000 c.c. of normal salt solution, and 2 gm. sodium carbonate crystals. (17)

I have used adrenalin and emetine, but the action depends upon the contact with the bleeding surface, and consequently it is not always

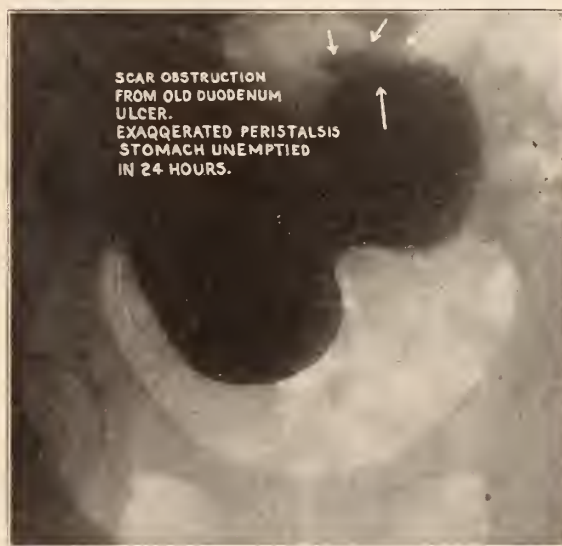


Fig. 4.—Ulcer showing pylorus spasm, which may be relieved medically by the use of anti-spasmodics. If there is no relief after a trial medication, there should be surgical intervention.

effective. Emetine is especially good where there is involvement of pyorrhea, and can be used hypodermatically 1 c.c. at a dose.

Calcium lactate and ergot are also used by many practitioners; ergot by mouth or hypodermatically. Calcium lactate, 20 to 30 grains by rectum, or 10 grains hypodermatically.

Gelatin in 2 per cent. solution, 100 c.c. to a dose, has also been given intravenously. (17)

I consider normal horse serum, next to transfusion, the best method we have at present, and



this can usually be secured in dosage of 10 c.c. already in the syringe. Caution should be used in regard to its use that not over 50 c.c. should be given. My own practice is not to give over 20 c.c. at any one time, and to wait several hours, watching the patient carefully before repeating the dose. After sterilizing the skin at the bend of the elbow, and constricting the upper arm sufficiently to make the veins prominent, it is very easy indeed to slip the needle into the vein, and the serum very slowly injected. Some authors use it every four hours in this dosage. (17)

Where horse serum is not available, an ordinary glass syringe lined with sterile mineral oil, may be used, the blood withdrawn from the



Fig. 5.—Ulcer with deep crater—ready to perforate. There is only one treatment for this class—surgical.

veins of the donor, and 20 c.c. injected at once into the back or buttocks, to be repeated in several hours if necessary. (17)

Too much credit cannot be given to morphin hypodermatically, usually in one-fourth grain doses, and given every hour until the pupils are markedly contracted, and the respiration is very slow, even to four per minute, as shown in the above case, for, in addition to decreasing the peristaltic action of the stomach and duodenum, it stops vomiting, prevents restlessness, and induces closure of the pylorus, shutting off the stomach contents from the duodenum. (14-17)

When the hemorrhage is especially severe, it may be well to have the foot of the bed elevated, and to bandage the extremities. Of course, this must be only a temporary measure, the bandag-

ing left on only for a short time, but it may tide a patient over until other forms of treatment have taken effect.

Stress has been placed on the necessity of cleansing the mouth, extracting or filling decayed teeth, and treating pyorrhea if present. An ipecac mouth wash is probably best, and if the tongue becomes furred or dry, equal parts of glycerin and lemon juice can be used. Emetine, one-fourth grain, can be injected into the pus pockets around the teeth daily, hypodermatically. Chewing gum will often keep the mouth from getting dry. (8)

Feeding through the duodenal tube is not so successful as when used in gastric ulcer. If the albumin water diet is practiced in increasing amounts, much better results are obtained than when milk is used, although sometimes when the patient complains of the fact that he is tired of albumin, an ounce of cream may be substituted for each egg. Some patients stand peptonized milk better than the ordinary normal milk, and if 3 grains of sodium citrate are added to each glass of normal milk, it prevents coagulation. (14)

Combinations of bismuth are most useful when there is no hemorrhage, one of the best is equal parts of milk of bismuth and milk of magnesia, two teaspoonfuls every three hours. Some authors prefer magnesia oxid and bismuth, equal parts, preferring the subcarbonate in 10 to 20 grain doses every four hours. Others use bismuth subnitrate and sodium bicarbonate, 10 grains each hourly, and still others use calcined magnesia and sodium bicarbonate, 10 grains each hour. (8) My own experience has been that bismuth should not be used as stated above when hemorrhage is present, but for a simple ulcer it is beneficial. Lavage of 1 to 5,000 silver nitrate has been tried. I have had no experience with this. Some authors prefer that the nutrient enema contain a few drops of tincture of opium, to allay any disturbance of the bowel and to prevent peristalsis. I have never found it necessary to use it.

In as severe a case as above mentioned, a patient should not be allowed to walk from six to eight weeks. Sufficient alkalines should be given to counteract the acidity, and as the acidity decreases the alkalins should also be decreased. I find nothing better than calcined magnesia and sodium bicarbonate, 15 grains each, two to three hours apart, and when hemorrhage has entirely stopped, bismuth may be used in addition.

The hemorrhage cases are practically all medical. Only when there are severe recurrences, and not much shock, and the roentgen ray decides, should surgery be resorted to. In this connection, I believe that in the future it will be a great relief to the attending physician to have the roentgen ray tell which case needs medical and which surgical treatment.

It is good to conserve body heat by use of the hot water bag or electric pad. I have found that the best method is to place an electric pad over the abdomen as it keeps a constant degree of heat. Some cases have been helped by the use of hot water internally, using it as a lavage, at a temperature of 118 F. (17)

In the "Relief of Pain in Duodenal Ulcer," Hardt, in *The Journal of the American Medical Association*, March 23, 1918, as the result of his excellent research work, shows that we must combat muscular contraction rather than excess acidity. I have tried, several years ago, a lavage of weak solution of hydrochloric acid, and cannot say that I have found it very successful. I also tried other drugs, such as salol, but in a very short time went back to lavage of sodium bicarbonate, on which I could always rely. Muscular contraction, as stated at the beginning of this paper, can be completely controlled by increasing doses of tincture of belladonna until the physiological effect is observed, at which time it is necessary to withdraw the belladonna for awhile, and commence again in small doses.

Through the kindness of Dr. A. F. Sippy, I had the pleasure of seeing his treatment used in the Presbyterian Hospital, Chicago, which is the opposite of Hardt's. His theory is that the hyperacidity is the leading factor in continuing the hemorrhage rather than the muscular contraction. On that account he gives large doses of the alkalines until the acidity is neutralized. He used calcium carbonate as it has two and one-half times the alkalinity of sodium bicarbonate and pushes it till no free hydrochloric acid is found. In the cases I saw it certainly gave good results. Morphin sulphate was used hypodermatically with it.

In one case in which the roentgen-ray plate, as taken by Dr. Cole, showed a continuing hour glass contraction of the stomach, this was entirely removed in three or four days by sufficient doses of the tincture of belladonna. Not only did the muscular contraction diminish, but the amount of gastric secretion was lessened, and the relief from pain coincident.

I am indebted to Dr. Albert M. Cole of Indi-

anapolis for the excellent prints of the different kinds of duodenal ulcer, showing which require surgical and which medical treatment.

The great importance of diet, whether the case has hemorrhage or not, has been mentioned before. My own practice has been to divide the dietary treatment into five parts.

1. The nutrient enema period, lasting from four to seven days. This should be begun at once, following diagnosis, or following hemorrhage.

2. The liquid, or albumin water period, from one to two weeks, commencing with the whites of two eggs in water, every three hours, and increasing gradually. Cream is used when eggs do not agree.

3. The semiliquid period, one week, in which the regular feedings of albumin water are kept up, substituting for certain feedings such food as creamed toast, potato soup, or purees.

4. The semisolid period, lasting one week, which is a prolongation of semiliquid period, during which oatmeal, mashed potatoes, tapioca, custards, soft boiled or soft poached eggs are added to the dietary. During this period, the albumin water may be safely withdrawn, although at any indication of recurrence, the diet should drop back to the diet of the second period—albumin water only.

5. The solid food period, broiled meat patties, the meat ground very fine, and lean meat only, squab, breast of chicken, minced, following which the patient should be able to take the ordinary prescribed diet for ambulatory ulcer patients, which is a maximum of albumins and a minimum of starches and sugars.

1135 State Life Building.

#### CURRENT LITERATURE SINCE 1916

1. Helmholtz: *Internat. Clin.*, 1916, 26, IV, p. 70.
2. Brans: *U. S. Nav. Bull.*, 1917, XI, p. 58.
3. Deaver: *Med. Rec.*, 1917, XCI, p. 126.
4. Einhorn: *New York M. J.*, 1917, CV, p. 193.
5. Einhorn: *Med. Rec.*, 1917, XCI, p. 168.
6. Eustermann: *New York State J. M.*, 1917, XVII, p. 88.
7. Weiss: *New York M. J.*, 1916, CIV, p. 1193.
8. Austin: *Boston M. & S. J.*, 1917, CLXVII, p. 357.
9. Lyon: *Internat. Clin.*, 1917, 27s, I, P. I.
10. Bastedo: *New York M. J.*, 1917, CV, p. 505.
11. Bastedo: *Med. Rec.*, 1917, XCII, p. 127.
12. Smithies: *Am. J. M. Sc.*, 1917, p. 547.
13. Cavallo: *Med. Rec.*, 1917, XCI, p. 987.
14. Rufsky: *New York M. J.*, 1917, CVI, p. 212.
15. Hall: *Med. Rec.*, 1917, XCII, p. 353.
16. Kellog: *New York M. J.*, 1917, CVI, p. 487.
17. Benedict: *Am. J. Clin. M.*, 1917, XXIV, p. 711.
18. Friedman: *Med. Rec.*, 1917, XCI, p. 168.
19. Meyer: *München. med. Wchenschr.*, LXIII, No. 52, p. 1823.
20. Kast: *J. A. M. A.*, LXVIII, p. 1778.
21. Carlson: *Am. J. Physiol.*, December, 1917, I, p. 81.
22. Lippman: *California State J. M.*, January, 1918, 16, No. 1.
23. Castex: *Prensa Medica Argentina*, Oct. 30, 1917, 4, No. 15, p. 194.
24. Hardt: *J. A. M. A.*, 1918, Vol. 70, No. 12, p. 837.



## FOCAL INFECTIONS \*

C. C. COTTON, M.D.  
ELWOOD, IND.

Focal infections are those which confined primarily to definite regions affect other more or less remote regions. The infection or resultant toxins are carried direct or indirect by way of blood and lymph streams.

Arthritis of gonorrheal origin is a constitutional disease of considerable gravity, and when we consider that the condition arises from urethritis that is ordinarily purely local, the situation excites more than passing interest.

The writer has under observation at this time a stout, elderly lady who has a long standing bronchitis. A year or more ago she developed a large goiter, rather nodular and irregular in character. Lately she has developed a severe arthritis in the joints of the hand, including attending pain and fever. Examination of the sputum shows the usual cocci and bacilli. The pathology of the enlargement of the thyroid gland is obscure, but the rheumatism is without doubt derived from the bronchitis. In similar cases this pathology has been demonstrated and verified. Therefore, this is an illustration of "Systemic Disease from Focal Infection," the source of the infection being the bronchi.

Sometimes we see instances of an acute and violently swollen leg without history of injury or poisoning. Examination shows the case to be lymphangitis. Between the little toe and its fellow we often find a portal of entry, the disinfection of which is the most important step towards a cure. This is sepsis and was solved by Klebs, Pasteur and Lister back when we older doctors were young.

This subject of focal infection is broader than the subject of surgical sepsis and its wide discussion has made it appear as a new principle. The theory now is that many of our diseases, acute and chronic are not due to diathesis, but to micro-organisms via the focal infection route.

The acute diseases thus originating, enumerated by Frank Billings in his work on "Focal Infections," are: acute rheumatic fever; rheumatic endocarditis, myocarditis and pericarditis; chorea; acute systemic gonococcus infection; malignant endocarditis; acute nephritis; acute appendicitis; cholecystitis; acute gastric and duodenal ulcer; acute pancreatitis; erythema nodosum; herpes; spinal myelitis; acute osteomyelitis; thyroiditis; iridocyclitis. The chronic diseases related to focal infections are: chronic

infectious arthritis; chronic infectious nephritis; chronic cholecystitis; chronic peptic ulcer; chronic infectious endocarditis.

Some of the methods of proving that a certain disease comes from a certain focus are elementary, as the following case shows: A girl, 6 years old, was subject to frequent sick spells of ephermal fever. The only abnormality presenting was an unusual number of enlarged and hardened glands in the neck. The tonsils were slightly enlarged but no tonsilitis apparently was present at the time when she had spells of fever. The wide distribution of the hardened glands, the anemia and emaciation, strongly indicated tubercular adenitis. The removal of the tonsils caused the glands to slowly become normal, and no further sick spells obtained, patient grew robust, seeming to prove that the sickness had been glandular fever with the point of origin in the tonsils. Proof of this kind against teeth and tonsils is abundant, excessive.

The fact that the cardiac, renal and other diseases named have this origin has been worked out by histological and bacteriological studies together with animal inoculation, and the results verified by qualified clinicians.

The fact that many persons have severe pyorrhea, diseased tonsils or nasal obstruction and suffer no apparent constitutional disturbance is given by some thoughtful physicians as a reason for doubting this doctrine, but the immunity of these persons is explained by their unusual resistance, but it generally turns out that if something happens to lower this resistance, infection follows.

Pasteur found that the marked immunity of the chicken to anthrax could be overcome by immersion in cold water. An instance in point is that of two boys, brothers, fourteen and sixteen, who during a two days' shut down of a factory spent a good deal of time in swimming. Both took tonsillitis which was immediately followed by rheumatism. A peculiarity of these cases was that the older boy quit work, had his tonsils removed, laid in bed and made an uneventful recovery. The second boy, as soon as the very worst was over, began to work. He continued to go to the factory with arthritis and a temperature of 102 F. and developed a serious endocarditis, with the result that his heart is deficient yet.

The site of the primary focus of infection may be anywhere in the body, but it usually is nasal and oral because the mouth and air passages are exposed to infection in breathing and in eating. Bacteria laden air, and bacteria laden food play an important rôle.

In childhood the lymphoid tissue in the nose and throat may be excessive and affords a favorable soil. An adenoid is the frequent seat of infection.

In adults the tonsils are about as guilty as they are in children. The nasal cavity, which often is overlooked, is frequently obstructed by a deviated septum, hypertrophied turbinates or polypi. The drainage being imperfect there soon develops catarrhal inflammation of the mucous membrane which covers the turbinates and lines the nasal cavity. This congested condition occludes the outlets from accessory sinuses, produces disease in them, leads to disease of the middle ear, causes frequent colds and is an extremely common and serious source of infection.

Pyorrhea is a disease of the periosteum of the neck and root of teeth. It is the chief cause of the loss of the permanent teeth. It first attacks the edges of the gums, later involving the whole periosteum, which becomes injured or destroyed. Then follows softening or ulceration of the soft parts, with occasional alveolar abscess. C. C. Bass of New Orleans and others have made studies of this disease and believe the endameba buccalis is the chief etiologic factor in the development of pyorrhea. The abscesses full of bacteria are a source of infection. Modern dentistry characterized by wonderful technical skill in the use of crowns and bridge work is sometimes the cause of alveolar focus of infection.

It is not within the limited scope of this paper to discuss the individual diseases of focal origin, but in passing it is interesting to note that acute chorea is an infectious disease. Like rheumatism it is frequently associated with endocarditis. An attack of chorea may precede, occur with, or follow an attack of rheumatic fever. The disease is thought to be due to bacterial poison on the brain cortex, which causes cortical hyperemia and small hemorrhages and areas of softening. Billings gives a theory that chorea is due to multiple cerebral bacterial embolism from associated endocarditis, the alleged detached emboli being composed of fibrin and blood cells.

It is worthy of note in this connection that arsenic, which has a specific influence on chorea, also has a striking influence on rheumatic pericarditis and pleuritis.

The type of nephritis that occurs from infection is often severe. Blood in varying degrees is present in the urine. One of the most valuable men the writer ever had as a patient, Mr.

H., aged 55, took a slight tonsillitis followed by rheumatism with associated nephritis. Prominent specialists from Chicago and Indianapolis were in consultation. Death occurred in about six weeks from the onset of the tonsillitis.

Many of the lesser ills, like myalgia, muscular and general soreness are due to infection, but these should not be confused with the ill feelings originating from intestinal stasis and food fermentation.

#### TREATMENT

The treatment is first prophylactic. As the nose and mouth are exposed we should teach details concerning pure air and pure food. The lowering of the bodily temperature should be avoided. This should be watched in children going to and coming from school as at such times their feet should be more than well protected.

Tonsillitis is a prevalent disease at all times. One general practitioner has told the writer that 50 per cent. of the calls he made were to see tonsillitis. When called to see a sick child, unless there is an exanthema or some obvious pathognomonic symptom present, it is well to look at the throat first, and in a large percentage of cases it will be unnecessary to look any further. The trouble may be just a little obscure, but sufficient. In adults this required throat examination holds good. The first day of a tonsillitis the patient is impressed with his headache, chills, fever and a general malaise, but often denies having a sore throat. If his constitutional symptoms are treated and relieved on the theory of a bilious attack his recovery will be about as quick, but it will not be in keeping with our science and be more apt to be followed by infectious sequellae. A tonsil is like a small boy, it is either just going into mischief or just coming out. Tonsillitis is common at all times and excessively so in the changeable weather of spring. It is more common among boys than among girls, because boys instead of running around watery ditches and melting snow go out of their way to go through. In cases like this either the ditches or the tonsils should be removed.

In Anders' "Practice of Medicine," 1917 edition, the author says, under treatment of tonsillitis, that should peritonsillar abscess be commencing or suspected the bistoury should be used, but the blade should be guarded by wrapping with cotton or by an adhesive strap. In thinking that medical men are not possessed of a tonsil bistoury he is probably correct.



A short time ago a lady was visiting in our town and her host had her bring her 10 year old daughter to the writer with a view of having an adenoid removed. She stated that the girl's school teacher had said she had adenoids, and following the teacher's advice she had had her daughter examined by three of the five doctors in their village and all three said she had serious obstruction from adenoids and referred her elsewhere for operation. Without even the aid of a nasal speculum a huge polypus could be seen. It was easily removed with a slim hemostat.

If some practitioners do not feel like operating, and do not, as Anders suspects, own a tonsil bistory they should at least have equipment for examinations.

Times innumerable men have had chronic colds which were worse in winter seasons. They have been given gallons of cough syrup, thousands of cold tablets, and many hypos of influenza and catarrhalis vaccine and were finally thoroughly cured by a proper examination, diagnosis, and a submucous resection of a deviated septum.

After the constitutional features have been properly diagnosed the bacterial cause should be determined and an autogenous or stock bacterin prepared or selected. All other proper medication and treatment should be used.

Vaccines sometimes fail, but when they do hit their results are so astonishing that they have all other remedies beat. In the race they are out in front and looking back.

#### CONCLUSION

It being true that so many of our ills have their origin or at least make their first appearance in our nasal or oral cavities, it would seem that the essential knowledge requisite in a general practitioner is a knowledge of gum diseases, and a somewhat special knowledge of nose and throat diseases.

---

#### HEADACHE AS A SYMPTOM

J. G. JONES, M.D.  
VINCENNES, IND.

Although immortal, the gods were not exempt from physical pains. One day Jupiter suffered from an intense headache, and in the hope that some mode of alleviation would be devised he summoned all the gods to Olympus.

The united efforts of the gods were in vain,

however, and even the remedies suggested by Apollo, god of medicine, proved inefficacious. Unwilling, or perhaps unable, to endure the racking pain and longer Jupiter bade one of his sons, Vulcan, to cleave his head open with an ax. With cheerful alacrity the dutiful god obeyed; and no sooner was the operation performed than Minerva sprang from her father's head clad in glittering armor, with poised spear and chanting a triumphant song of victory.

"From his awful head  
Whom Jove brought forth  
In warlike armor drest, golden all radiant."

So we see headache is of ancient lineage and classic origin, yet like the grim reaper, it spares no single class, but visits alike the castle and the hovel, the old and the young. Like the poor it is ever with us, its catholicity is not questioned, its importance cannot be denied, and it behoves us all to approach this simple subject of headache with much seriousness.

Primarily, headache should be considered as a symptom and not a disease, as a signal, if you please, the meaning of which we are to interpret rather than to give a bit of acetanilid to secure its temporary relief.

To find the causative factor or factors is often no mean accomplishment, as the sources of headache are legion, and to find the proper ones a systematic investigation must be instituted. There are many classification tables used; the following one is a combination of several and the one I find very simple.

This table presents nothing new or original, and is not intended as such. Sources of disease are standard and immutable, and to attempt to make them original would be only to juggle logical order already established. This plan I know by experience to be workable, and, therefore, my excuse in calling your attention to it. I shall not attempt to take up the philosophy of head pain for time will not permit it.

We will now consider first in our analysis the character of the pain:

1. Sharp, lancinating, paroxysmal (neuralgic origin).
2. Throbbing (unilateral hemicranial migraine).
3. Dull diffused (gastro-intestinal and infectious diseases).
4. Binding (neurotic).
5. Burning, soreache (rheumatism and anemia).

Next, location of pains, and here are the possibilities from which we must deduct the probabilities.

1. Frontal (anemia, neurotic, nephritis, frontal sinus, periostitis, eye strain, glaucoma, iritis, nasopharynx, and lithemia).

2. Vertex (anemia, hysteria, neurasthenia, epilepsy, and pelvic diseases).

3. Occipital and cervical (neurasthenia, cerebellar lesion, epilepsy, adenoids, uterine disease, eye, ear and pelvic, meningitis, neuralgia, spinal irritation).

4. Parietal aural (eye, ear, teeth, maxillary and temporal bone, periostitis of sphenoidal origin).

5. Eyeball (migraine, neuralgia, fifth cranial, coryza disease of anterior eye structures, paralysis, iris and ciliary apparatus).

Frequent sources:

1. Toxic—Alcohol, tobacco, lead, mercury.

2. Constitutional — Nephritic, rheumatism, gout, lithemia.<sup>11</sup>

We will now approach the subject by the process of exclusion. As you will readily see, one can at one fell swoop eliminate in a given case a large part of our table by first eliminating eye difficulties. It is my practice first to have corrected errors of refraction and imbalance of the recti muscles, if any exist. We will find the cause here in 20 to 40 per cent. of chronic headache. Dr. Ranney of New York was a crank on the subject of eye strain as the cause of head pains, yet he served his purpose in bringing before the profession the importance of this subject.

Next I search for nose, ear and throat pathology. Then complete urine, blood and pelvic examinations are made, the full personal and family history and physical examination having been gotten on first seeing the patient.

Frequently, if the above routine of examinations fails to give the desired information, we can solve the problem by examination of the gastric contents.

Occasionally there will still remain an etiologic doubt, then a therapeutic test will serve as a diagnosis, such as a dose of salts, for congestive pains, dry heat locally for neuralgia regulation and hygiene for run down neurotics.

Acute headaches most frequently are caused by gastro-intestinal disturbances. Chronic ones by neurasthenia and general debility from imperfect hygiene.

On first inspection this detail plan of investigation may seem tedious and cumbersome, but like all routine work, practice shortens and simplifies. I assure you that if the patient is thoroughly studied, and the various diagnostic methods, laboratory and clinical, are put into use one usually can arrive at a correct conclusion as to the underlying cause or more frequent causes in a given case of head pains, the first step necessary before attempting to intelligently treat the case. Personally, I choose to give close diagnostic attention to continued headaches whose cause is not at once evident, and I have no hesitancy in charging a fee commensurate with the work involved in searching for cause, and it has been my experience that the better class of patients are pleased to pay for exhaustive research into their case, for to them headache is a serious proposition, incapacitating them often rather seriously from an economic social standpoint.

As I have said I have not attempted to give you anything new or original, but I do hope in this short paper to call your attention to two things:

1. That headache is a very important and frequent symptom to deal with and often neglected by the general practitioner.

2. That you adopt a scheme, any good one will do, and follow it as a routine. I speak especially to the men who like myself are in general practice.

---

ONE of our editorial friends remarks that the doctor's greatest help is his wife. We quite agree with this statement *providing* the wife will be the wife and not try to be the doctor. Some of the worst misfits we ever knew were wives of doctors who were everlastingly mixing in with their husbands' work, and not only knowing altogether too much about their husbands' patients, but gabbing about the patients to the neighbors. The doctor's wife who serves best is the one who knows how to hold her tongue and who offers neither criticism nor comment when the curious seek to learn something from her. She can be ladylike and cordial to the patients and to the curiosity seekers with whom she comes in contact, and exceedingly helpful to her husband in many ways, without being officious and garrulous; yet there are altogether too many doctors' wives who do not appreciate this fact.



**THE JOURNAL**  
OF THE  
**INDIANA STATE MEDICAL ASSOCIATION**

Devoted to the Interests of the Medical Profession of Indiana

Office of Publication, 406 West Berry St., Ft. Wayne, Ind.

JUNE 15, 1919

## EDITORIALS

### ROENTGENOLOGY A SPECIALTY

The development of roentgenology, and especially the practical uses to which the roentgen ray may be put as an aid in the diagnosis and treatment of diseased conditions, has resulted in a widespread sale of roentgen-ray outfits to doctors and dentists of every description. As might be expected, the real value of roentgenology has been distorted and perverted through the ignorance and lack of experience of many men who have used their roentgen-ray outfits as a means of broadening their sphere of activity but without properly appreciating the fact that roentgenology is a specialty in itself, and one that requires a long apprenticeship of study and experience before it can serve efficiently and well as an adjunct to the successful practice of medicine or dentistry. The average man who owns a roentgen-ray outfit merely dabbles and makes a bad mess in the practice of what really is a highly specialized science, and while he develops a few facts in the simpler cases which aid him in his general work, in a far greater number of cases he arrives at erroneous conclusions as a direct result of his lack of technic and lack of experience in interpreting his results. In fact, to the average physician many roentgen-ray plates are a camouflage through which he never penetrates.

To our notion roentgen-ray work, like other highly specialized work, should be in the hands of not only those who devote the most of their time to it, but to those who have equipped themselves with the latest and best apparatus and who through training and experience are best able to apply intelligently the apparatus they possess and properly interpret the results. We realize that we are treading on the toes of a lot of men who are dabbling in roentgen-ray work when we advocate specialism in roentgenology, but we feel that the sooner medical men realize and appreciate their limitations the better it will be for themselves as well as the public.

Furthermore, to the man who is especially interested in roentgenology the way is open for the acquirement of skill and experience through apprenticeship under those who are recognized as specialists in the work.

There is an old saying that the man who attempts to do everything does nothing well, and it applies to the profession of medicine as well as it applies to a trade. Roentgenology is a specialty, and if we are to get the most out of roentgenology for the benefit of the profession as well as for the benefit of suffering humanity we must for the most part depend on the specialist in roentgenology for results; and this applies not only to the application of the principles of roentgenology, but to the interpretation of the results. There are many roentgen-ray plates that even a lay man can interpret, but, on the other hand, there are many other roentgen-ray plates that must be interpreted by the man of wide experience and intensive training.

### A FIELD FOR THE PRACTICAL NURSE

The increasing criticism of the trained nurse which has grown out of the gradual tendency of many trained nurses to become autocratic and defamers of their profession—a tendency which reached its culmination during the war when a large percentage of those trained nurses remaining at home became unduly critical in the kind of service to be rendered and the conditions under which it was to be rendered—is now reflected in the action of many institutions where a short but intensive course of training is given with the distinct view of turning out practical nurses who will be more willing to meet emergencies and adapt themselves to the conditions ordinarily found in the home. While the criticism of the trained nurse, offered in an editorial in *The Journal of the American Medical Association*, under date of January 25, probably does not apply to many trained nurses, yet it does apply to so many, as evidenced by the feeling in almost every populous community where trained nurses are found, that *some* action is required to change conditions for the benefit of those who need and should have the care of nurses.

We do not believe that so many people complain about the nurses' unwarranted demands for higher pay as they do about the trained nurses' tendency to be critical in the selection

of cases, as also the unwillingness to meet and to adapt themselves to home conditions. The almost uniform complaint is that the trained nurse in the home upsets everything, creates dissatisfaction among domestic help, and a general feeling of unrest which is not in keeping with the spirit of real helpfulness which should accompany the service of the nurse. The complaint that the nurse requires more waiting on, and creates more extra work than the patient is a frequent one, and while this complaint may often be overdrawn, yet it occurs with such frequency as to indicate that something is radically wrong. It has been said that the reason for this state of affairs is that the average trained nurse has served too long an apprenticeship in highly technical training, and that she comes out with a too exalted idea of her position as a professional woman and loses sight of some of the real functions of a nurse. Be that as it may, there are many very intelligent and even well-to-do families that have had experiences with nurses that express a preference for the practical nurse—a feeling that is shared by no inconsiderable number of general practitioners. The reason for this, as expressed by those who hold such preference, is that the practical nurse is not so critical as to the character of cases that are to be attended and the kind of a home where the nursing service is to be rendered, and she adapts herself to home environments with greater ease and with less friction, probably because she does not consider herself such a superior sort of being and entitled to unusual deference.

At all events, there is a well established movement on foot to increase the number of practical nurses who can meet the ordinary requirements of nursing by a limited but sufficient amount of intensive training, thus stimulating a larger number of intelligent but adaptable young women to take up nursing as a vocation in order to meet the growing demand for nurses, especially among people of moderate circumstances who cannot afford, and more often cannot secure, the highly trained and highly paid graduate nurse.

We have no fault to find with the graduate nurse whose long training and exceptional experience has fitted her for highly technical work and to act as a real assistant to the surgeon or internist who demands and expects such service, and there always will and should be a field for such nurses. We also have the greatest sympathy for those trained nurses in every community who live up to all the traditions and

highest tenets of their profession, and who must be embarrassed by those who defame their profession. However, a practical view of the situation as it confronts us today leads to the belief that we ought to make provision for a class of nurses who at the expense of less time, effort, and money can so fit themselves that they can meet the ordinary nursing problems that exist in the families of those who have not been able for one reason or another to take kindly to the graduate nurse.

---

### ECONOMIC DESTRUCTION OF THE MEDICAL PROFESSION

Unless the medical profession becomes better organized and pays some attention to the economic phase of its work it will not be long before the practice of medicine will be lower than the level of a trade. While on every hand we find remuneration and conditions of life improving for people following other vocations, in the medical profession there is no such advance. In fact there is a strong tendency to place the practice of medicine under such regulations by law that there will be little or no incentive to put in the time, effort, and expense in preparation with so little chance of reward except that which comes from service to mankind, and we cannot all give service without money and without price if we are to continue to feed the babies at home and buy gasoline for the Ford.

The worst feature of the situation is that the medical man himself sits back and complacently watches the developments around him which threaten to destroy any equitable standing he may now possess, with but few words of protest and less effort to prevent the oncoming catastrophe. State medicine has been adopted by some of the states, and undoubtedly will be adopted by more of the states in the near future. That state medicine will be developed and expanded there isn't the slightest question of doubt, and while we have nothing to fear from state medicine as it is applied to those deserving of either gratuitous or inexpensive medical care, yet the agitation on the part of some reformers for a law compelling *all* physicians and surgeons to make charges that shall be on a par with the charges that will be allowed through the restrictions thrown about state medicine, seems very much like legislation that will put a learned profession out of business through the stifling of incentive.



The peculiar phase of the situation is that organized labor, haughty, arrogant and autocratic and even unjust in its demands for higher compensation for itself, is in a measure responsible for some of the agitation and efforts to limit the compensation to be derived from the practice of medicine. Evidently the agitators lose sight of the fact that the average doctor earns less per year than the average skilled mechanic, and yet the doctor, from the time he leaves the grade schools puts in at least ten and more often twelve years of study, at large expense and with absolutely no income during that time, before he is permitted to engage in professional work. The skilled mechanic, on the other hand, may start to learn his trade as soon as he leaves the grade schools, but receiving the compensation of an apprentice during the time that he is learning his trade, and at the end of an apprenticeship that varies from six months to two years he graduates into a full-fledged skilled mechanic with the rewards in the way of remuneration that go with such a position.

The old saying, "The Lord helps those who help themselves," seems to be true in the case of those who would prosper and save themselves from being trampled to death in the mad rush for comfortable subsistence, and the medical profession for self-preservation must unite in some effort to protect itself from economic destruction.

#### LEGISLATIVE GENEROSITY IN FIGHTING TUBERCULOSIS IN THE HUMAN AND ANIMAL FAMILIES

LIMA, OHIO, March 20, 1919.

DR. J. N. HURTY,  
Sec'y State Board of Health,  
Indianapolis, Ind.

Dear Sir:

A very sad case has been brought to my attention which I am unable to relieve, and I am writing you in the hope that your Department may be able to render assistance.

Mrs. F. E., D—, Indiana, is very ill with tuberculosis. She cannot live long unless relieved of the care of her three young children and placed in a hospital where she has what she needs. She is pregnant, so the situation is doubly serious. The children are in danger, being constantly in the care of the mother, and the mother is, I am told, far too ill to be caring for them. The father is steady and industrious, doing all that he can to help, but they are poor people and he cannot master the situation.

I will greatly appreciate it if you are able to have one of the State Visitors or some other good person help this family in the most humane way possible. It is very sad for them all at best.

If unable to render assistance will you kindly notify me?

Very sincerely yours,

Field Worker of the Allen County (Ohio) Child Welfare Association.

Such conditions as described in the above letter, received by Dr. Hurty, may be found in every county in Indiana, and probably in one half of the townships. The rural sanitary survey—recently made—found conditions very similar to this in every county inspected, namely, Blackford, Union, Scott and Ohio. At present the only relief which can be given in such instances is from the township trustees who may give relief to the extent of \$15, and if more is required they must go to the county seat, obtain permission from the county commissioners—who may or may not grant it—and then go to the county council and get an appropriation. At the last legislature the State Board of Health almost got down on its knees and begged permission to relieve in part such conditions, but was refused, and the legislators who opposed these public health measures most strenuously were two physicians! Incidentally, this same legislature gave the live stock board of Indiana \$50,000 to suppress tuberculosis among cattle, and \$10,000 to the State Board of Health for the fight against tuberculosis in the human family—thus placing the value of cattle as compared with that of human life as five to one. Great indeed is Indiana in her public health legislation!

#### EDITORIAL NOTES

DEAR DOCTOR:

THE JOURNAL and the Cooperative Medical Advertising Bureau of Chicago maintain a Service Department to answer inquiries from you about pharmaceuticals, surgical instruments and other manufactured products, such as soaps, clothing, automobiles, etc., which you may need in your home, office, sanitarium or hospital.

We invite and urge you to use this Service.

It is absolutely FREE to you.

The Cooperative Bureau is equipped with catalogues and price lists of manufacturers, and can supply you information by return mail.

Perhaps you want a certain kind of instrument which is not advertised in THE JOURNAL, and do not know where to secure it; or do not know where to obtain some automobile supplies you need. This Service Bureau will give you the information.

Whenever possible, the goods will be advertised in our pages; but if they are not, we urge you to ask THE JOURNAL about them, or write direct to the Cooperative Medical Advertising Bureau, 535 N. Dearborn St., Chicago, Illinois.

We want THE JOURNAL to serve YOU.

AND now some of the labor unions are demanding six-hour as the maximum and pay for ten-hour working days, with an increase hour wage over what is being paid at present. Evidently all the autocrats do not live in Germany.

How many of the returning members of the Medical Reserve Corps will be satisfied to have some of their patients greet them with the familiar "Doc" instead of "Major," "Captain," or "Lieutenant," as the case may be, the titles obtained and highly prized by some who have a leaning toward titles. Judging from the way in which most of the doctors returning from military service get into their civilian clothes as quickly as possible we are under the impression that the old familiar greeting of "Doc" will prove very acceptable.

OUR military authorities have established in a definite and conclusive way the value of typhoid vaccination, and no longer is typhoid a disease to be reckoned with in the army. It is, therefore, obvious that if every person outside of the army could be induced to submit to typhoid vaccination the disease would just as quickly disappear from civil life. Therefore, it would seem to be the duty of every physician to urge a more general acceptance of typhoid vaccination as a preventative measure, and now is the season when such recommendation is of special importance. By the use of sensitized vaccine the local and general reactions are slight, and the mild reactions are not worth serious consideration in view of the prophylaxis secured.

A SPECIAL to the *Indianapolis News*, under date of May 12, says that "Ben Winans of Pleasant Mills can see after being totally blind for eight or nine years. Recently his head came in contact with a chair, inflicting a scalp wound. The tincture of lead which the physician used on the wound cut the double cataract which had blinded Winans, and his sight, it is said, is practically restored." This reminds us of the medieval method of restoring sight in those blind from cataracts by hitting the subject a crack on the head with a mallet for the purpose of dislocating the lenses. The treatment occasionally produced the desired result, though not infrequently cracked the skull or produced concussion of the brain. Later the Hindus attempted to restore sight in those blinded by cataracts by pushing a needle through the cornea and dislocating the opaque lens downward. This sometimes succeeded temporarily, though more often the eye was lost through complicating inflammation. If there is the slightest semblance of truth in the newspaper report to which we refer an explanation is contained in the fact that the blow on the head produced a jar that dislocated the opaque lenses, though it also is very probable that such a presumably for-

tunate accident occurred to a patient who already had degenerative changes within the eye aside from the opacity of the lenses. Adding to the report that the "tincture of lead" used by the physician on the scalp wound "cut the double cataract" is an embellishment which originates in the fertile mind of the reporter.

WE are told that now that the war is over business of every kind will boom. The medical pretenders and medical fakers of every sort seem to be imbued with the spirit that prevails, for it has been many years since we have seen so much medical advertising in the lay press. Quack doctors and proprietary medicine manufacturers are taking not only columns but whole pages of advertising in daily papers, and the claims and promises put forth are so wildly extravagant that we wonder why the laws, and especially the postal laws, concerning dishonest advertising claims are not enforced. We also are wondering why some newspapers that heretofore have been reasonably clean are accepting advertising which so flagrantly abuses the ethical rules of all those publishers who aim at honesty and decency in the conduct of their publications. Of course, it is the profit which is the tempting bait, for quack doctors and proprietary medicine manufacturers usually pay handsomely for advertising space. In reality there is no excuse for accepting this business, for, generally speaking, the advertising space in all lay publications has been enormously increased during the last few months, with corresponding profit to the publishers, so that the taking of objectionable advertising contracts cannot be excused with the plea that the publisher needs the money. A few years ago a movement started among a large number of publishers of lay journals and newspapers to eliminate all objectionable advertising, and especially medical advertising of every kind and description. Very truthfully it was asserted that practically all medical advertising is fraudulent to a greater or less degree, and therefore to be on the safe side all such advertising should be refused. We had hoped that this organization, with its very worthy purposes, would grow, and that its rules concerning objectionable advertising would be strictly enforced. Evidently the war, with its damaging effects on all lines of business, has resulted in "letting down the bars," and it remains to be seen how long the present condition will prevail. There certainly is room for some missionary work on the part of those publishers who place principle above the mere acquisition of dollars.



## DEATHS

ABBIE K. SURBER, wife of Dr. Alva C. Surber of Muncie, died May 7.

SARAH C. JACKSON, M.D., died May 14 at her home in Jeffersonville, age 77 years.

STEPHEN L. SRICKLER, M.D., of Fairland, died May 23 of apoplexy and gall stones, age 65 years. He graduated from the Eclectic Medical College, Cincinnati, in 1879, and had practiced medicine in Shelby county for more than forty years.

E. D. BEARD, M.D., age 52, intern at the City Hospital, Indianapolis, and his daughter, Miss Mary Beard, were killed May 1 when the automobile in which they were riding was struck by a fast train.

ARTHUR W. TUCKER, M.D., died May 7 at his home in Logansport, age 50 years. Dr. Tucker was born in 1870, graduated from the Miami Medical College, Cincinnati, in 1893, and had practiced in Logansport many years. He was a member of the Cass County Medical Society, the Indiana State Medical Association, and the American Medical Association.

PAUL B. COBLE, M.D., of Indianapolis, member of the staff of base hospital No. 80, died in France or at sea on May 11, according to a message from the War Department on May 24. Dr. Coble was born in Frankfort in 1883, graduated from the Central College of Physicians and Surgeons of Indianapolis in 1905, and had been associated in medicine with Dr. John F. Barnhill, of Indianapolis, for more than fifteen years. Dr. Coble entered the medical officers' training camp at Fort Benjamin Harrison the first of June, 1917. He served in the hospital there, then at Camp Zachary Taylor, Ky., and later at Allentown, Pa. He went overseas in September, 1918, and was promoted to the rank of major while in service with the base hospital. Major Coble was expected home on the Santa Teresa which arrived in New York on May 24. Prior to his enlistment in the medical corps Dr. Coble was assistant professor in the Indiana University School of Medicine. He was a member of the Indianapolis Medical Society, the Indiana State Medical Association, and the American Medical Association.

## NEWS NOTES AND PERSONALS

Anything in the line of physicians' supplies or equipment may be obtained from advertisers in *The Journal of the Indiana State Medical Association*. Patronize these advertisers for it means a continuance of their advertising patronage, and the latter means a larger and better Journal for you.

DR. E. E. LONG of Shoals is taking postgraduate work in New York.

DR. S. C. LORING of Plymouth expects to sail for Siberia soon in the Red Cross service.

CAPT. R. M. RECOBS of Tipton has returned home after several months military service overseas.

DR. LILLIAN B. MUELLER has returned to Indianapolis after a four months' stay in New York.

LIEUT. PAUL R. TINDALL has returned from overseas service and resumed practice at Greensburg.

WORD has been received of the promotion to the rank of major of Dr. Edward S. Imel of Petersburg.

FIVE nurses were graduated from the Epworth Hospital Training School, South Bend, on May 16.

DR. W. D. CALVIN of Fort Wayne has been appointed Allen county jail physician to succeed Dr. A. L. Kane.

DR. H. W. DALE of West Lebanon has removed to Chicago Heights, where he will practice medicine.

DR. HARRY S. OSBORNE of Glenwood, now in military service, has been promoted to the rank of lieutenant-colonel.

DR. HARVEY EGOLF of Columbia City was married the latter part of April to Mrs. George Brand of the same city.

THIRTY-ONE nurses were graduated from the City Hospital at Indianapolis at the commencement exercises held recently.

DR. and MRS. E. G. LUKENMEYER of Huntingburg are spending several weeks at Memphis, New Orleans and other southern points.

DR. EMMA HOLLOWAY of North Manchester is taking postgraduate work at the Boston University School of Medicine, Boston, Mass.

---

DR. ROBERT C. JOHNSON has been transferred to the medical staff of the National Military Home at Marion from the Home at Danville.

---

DR. CARL MCGAUGHEY of Greenfield has recently been appointed secretary of the city board of health to succeed Dr. John P. Black, resigned.

---

THE annual meeting of the Northeastern Indiana Nurses' Association was held at the Nurses' Home, Lutheran Hospital, Fort Wayne, on May 14.

---

DR. HOMER G. HAMER of Indianapolis has recently received his discharge from military duty and resumed practice at 723 Hume-Man-sur Building.

---

WORD has been received from Dr. F. F. Hutchins of Indianapolis, now stationed at Brest, France, of his promotion to the rank of lieutenant-colonel.

---

DR. E. A. ISH, who recently received his discharge from military duty where he served with the rank of captain, has resumed private practice at Waterloo.

---

CAPT. T. ROY COOK of Bloomfield has returned from overseas service and is stationed at Fort Benjamin Harrison awaiting his discharge from military duty.

---

DR. ETTA CHARLES of Anderson addressed the women and girls of Portland on the subject of "Anatomy and Physiology" at the courthouse on May 16.

---

WORD has been received concerning the promotion to the rank of major of Dr. Clayton E. Campbell, of Indianapolis, now with the A. E. F. at Saumur, France.

---

DR. E. J. CRIPE, located at Atwood previous to military service, has opened an office in the rooms formerly occupied by Dr. Z. M. Beaman at North Manchester.

---

DR. C. F. HUME of Indianapolis was the principal speaker at the meeting of the Hamilton County Medical Society, held May 16. His subject was "War Neurosis."

---

THE regular monthly meeting of the Henry County Medical Society was held May 13 at New Castle. Papers were read by Dr. H. W. MacDonald and Dr. C. C. Bitler.

---

DR. R. B. WETHERILL of LaFayette has announced his retirement from active practice of medicine on June 1. He has practiced medicine in LaFayette for thirty-six years.

---

CAPT. AUSTIN FUNK of Jeffersonville has received his discharge from military duty and returned home from Fort Sill, Okla., where he was attached to an aviation field.

---

THE office of Dr. H. E. Keller at Decatur was broken into at noon on May 7 and robbed of a quantity of morphine atropin and heroin tablets and a loaded hypodermic syringe.

---

DR. HOMER N. OLIPHANT, for some time physician at the National Military Home at Marion, has resigned his position there and gone to Chicago to take a postgraduate course.

---

WORD has been received of the promotion of Dr. P. K. Telford, with the army of occupation at Dudelange, Luxemburg, to the rank of captain. Capt. Telford's home is in Indianapolis.

---

THE St. Joseph County Medical Society gave a banquet on May 14 in honor of Dr. Hugh T. Montgomery, the oldest living charter member, and to celebrate the 32nd anniversary of the society.

---

LIEUT. PAUL TINDALL of Greensburg arrived in New York May 8 from France, where he spent several months with the Evacuation Ambulance Company No. 12. He expects to receive his discharge soon.

---

DR. J. M. QUICK of Muncie, who entered military service a year ago, and who has been head of the eye, ear, nose and throat department of Debarkation Hospital No. 5 in New York City, expects to be released and return home about June 15.

---

THE Phi Rho Sigma Medical Fraternity at Indianapolis gave a dinner at the Columbia Club on May 12. Dr. James Oliver presided as toastmaster, and the speakers were Dr. J. N. Hurty, Dr. LaFayette Page, Dr. J. R. Eastman, and Dr. Arthur E. Guedel.



At the recent commencement exercises of the Methodist Hospital Training School for Nurses, Indianapolis, forty-three nurses received diplomas. Dr. C. S. Woods delivered the commencement address.

DR. D. W. BELL of Otwell, commissioned first lieutenant in the M. R. C. September 11, 1918, and serving at Camp Lee since that time, received honorable discharge on March 31 and resumed practice at Otwell.

DR. M. H. YOUNG of Brazil, recently returned from a sojourn in California, where he went because of ill health, has opened offices in the Citizens National Bank Building and resumed the practice of medicine.

News of the death of Dr. J. Ewing Mears, formerly of Indianapolis, has been received by Indiana doctors. Dr. Mears was eighty years of age, and died in Philadelphia, where he had made his home for many years.

DR. FLAVIUS J. BECK received his discharge from military service at Camp Humphreys, Va., on May 17, and has located permanently at 3142 Central Avenue, Indianapolis, for the practice of medicine. Dr. Beck served 15 months, with the rank of captain.

DR. PAUL E. BOWERS, for a number of years physician in charge of the Indiana State prison at Michigan City, but in military service for the past few months, on leave of absence, has resigned his position and will locate in California for the practice of medicine.

THE practice of the late Dr. Paul Cramer of Cedar Grove, Indiana, is for sale, and will make a splendid location for some physician returning from military service and desiring to relocate. Information may be obtained from Mrs. Gertrude Cramer, Brookville, Ind.

COLUMBUS is to have a free medical clinic for the treatment of venereal diseases and also the supervision of general medical attention for the poor who are unable to pay the ordinary fees. The clinic is equipped with operating table, etc., and is in charge of Dr. J. K. Hawes.

THE Eleventh Councilor District held its annual meeting at Huntington on May 15. Speakers were Drs. Thomas C. Kennedy and W. S. King of Indianapolis, and Dr. G. G. Eckhart of Marion. Dr. M. H. Krebs of Huntington was elected president for the ensuing year.

At the recent meeting of the Eleventh District Medical Society held at Huntington, tribute was paid to Huntington's oldest physicians, Drs. A. H. Shaffer and W. C. Chaffee, by electing them honorary members of the society.

DR. C. E. COBB has resigned as superintendent of the Healthwin Tuberculosis Sanitarium near South Bend, and is to be succeeded by Dr. Robert C. Kirkwood, who formerly served as medical chief of the medical service at Fort Bayard, N. Mex., with the rank of major.

A CARD just received from Capt. A. E. Fauve, of Fort Wayne, states that he is still serving in the A. E. F., and does not know when he will return home. In February he demobilized U. S. Train 50, and is now attached to Camp Hospital No. 68 in his old home town at Bourges, France.

DR. ADAH McMAHAN of LaFayette, who went to France in August, 1918, was one of the physicians in charge of the gas hospital at Bordeaux, and later, at the request of the French government, went to Alsace to administer to the civil population, has returned home.

DR. GARDNER C. JOHNSTON of Evansville, recently returned after eight months of military service at the base hospital at Camp Custer, Michigan, with the rank of captain, has opened offices at 212-214 American Trust Building, Evansville, with practice limited to the diagnosis and treatment of tuberculosis.

THE county commissioners of Marion county recently have approved the architect's plans for the erection of three new buildings at the county tuberculosis hospital at Oklandon. The buildings are to include a children's building with forty-six beds, adults' cottage with twenty beds, and an administration building.

At the recent meeting of the Indiana Institute of Homeopathy at Indianapolis the following officers were elected: President, Dr. John W. Webb of Indianapolis; first vice-president, Dr. C. E. Canaday of Newcastle; second vice-president, Dr. W. B. Huron of Tipton; secretary, Dr. J. B. Talmage of Crawfordsville.

MORE than four hundred nurses of Indianapolis and Fort Benjamin Harrison formed an impressive procession at the meeting held in Indianapolis May 21, honoring the late Jane A. Delano, national director of the Red Cross nursing service who died recently in France, and other Indiana nurses who died in the service.

DR. FREDERICK R. HINSHAW, dean of the Indiana Dental College, of Indianapolis, has been appointed by Governor Goodrich as a member of the Indiana State Board of Health to succeed Dr. J. S. Boyers of Decatur, who had served since 1913. Dr. Hinshaw is the first dentist to serve on the State Board of Health.

---

THE Indiana University School of Medicine is offering its usual summer courses in both elementary and advanced work at Bloomington and Indianapolis. The work at Indianapolis will be under the direction of Dr. V. H. Moon, and will include the dispensary courses, bacteriology and pharmacology. At Bloomington Dr. B. D. Myers will be in charge, and anatomy and several courses in physiology will constitute the work there.

---

At the May examination of nurses for Indiana there were 145 applicants. The new state board of registration and examination of nurses for the ensuing year is composed of the following nurses: President, Miss Ina Gaskill, Indianapolis; secretary-treasurer, Miss Edna Humphrey, Crawfordsville; and Miss Oda J. McCaslin, Shelbyville; Mrs. Margaret Church, Fort Wayne; and Miss Katherine McManus, Indianapolis.

---

MAJOR L. P. DRAYER returned to Fort Wayne April 26 after nearly a year's absence in military service, and has resumed private practice. Dr. Drayer enlisted in the M. R. C. May 13, 1918, served first at U. S. Hospital No. 3 in New Jersey and later at Fort Oglethorpe, Ga. He sailed for overseas on October 13 with evacuation hospital No. 49, and arriving in France, saw service in that country, in Italy, and at Coblenz, Germany.

---

MISS MARY HOUSER, R. N., of Bluffton, graduate of the Methodist Hospital, Indianapolis, and recently returned from France, where she was connected with base hospital No. 32, has been appointed superintendent of the Wells County hospital at Bluffton to succeed Mrs. H. D. Brickley. Miss Emma Ealey and Miss Edna Mowrer, both of Indianapolis, and connected with the work of base hospital No. 32 in France, also have accepted positions at the Wells County hospital.

---

THE Jay County Medical Society met in regular session at Portland on April 17. Venereal Diseases was the subject of the evening, and

Dr. C. A. Paddock of Portland read a most interesting paper covering the history, growth and prevalence of diseases, especially gonorrhea. A wide discussion of the subject was participated in by all the doctors present. Dr. C. A. Paddock was elected secretary of the society, and it was voted to hold regular meetings on the first Thursday of each month.

---

THE Tenth District Medical Society met in annual session in the K. of P. Hall, Valparaiso, May 27, a 1:30 p. m., with the following program: "(a) Spinal Anesthesia; (b) Significance of Hematuria," John S. Nagel of Chicago; "Rheumatism in Children," Jos. Brennemann, Chicago; "Treatment of Pneumonia," Edward C. Seufert, Chicago; "Some Lessons from the War," Lt. Col. Simon J. Young of Gary. Dinner was served at six o'clock. The officers for the ensuing year are Dr. E. E. Evans, Gary, president; and Dr. O. B. Nesbit, Gary, secretary. The next meeting is to be held at Gary.

---

ACTING under the provisions of the new Indiana baking law, the State Board of Health, after July 1, will prohibit the use of any cellar or basement for hotel kitchen, dining room, restaurant, or cafe purposes, except after an inspection and a permit is issued. The new regulations for eating houses provide for absolute cleanliness of the premises and require all employees to have health certificates. Sanitary rules for the handling of milk and cream recommended by the Indiana Dairy Products Manufacturers' Association have been adopted by the food and drug department of the state board.

---

AN appeal to the American people for funds to carry on the work of their American Red Cross will be made next November according to a statement issued recently by Dr. Livingston Farrand, chairman of the Central Committee of the organization. The necessity for this appeal for more funds is brought about by the appalling conditions in the countries of Eastern Europe, imposing on the American Red Cross obligations additional to those assumed during the period of the world war, and the continuance of activities in connection with the already outlined domestic program of the Red Cross. The campaign for funds is to cover a period of two weeks, and it is planned to culminate the drive on November 11, the anniversary of the signing of the armistice.



A SPECIAL campaign against fee division is being put on by the hospitals at LaFayette. That a physician may be accorded the privileges of the hospitals of this city he must have subscribed to the following declaration: "I hereby declare that during such time as I consider myself eligible to the privileges of ——— hospital I shall conform to the principle not to engage in the practice of the division of fees under any guise whatever. By this principle I understand that I am not to collect fees for others referring patients to me, nor to make joint fees with physicians or surgeons referring patients to me for operation or consultation, nor knowingly to permit any agent or associate of mine to do so." This reorganization work, which is being pushed through hospitals all over the United States, is backed by the American College of Surgeons, the American Hospital Association, and the Catholic Hospital Association.

MISS JANE A. DELANO, director general of the department of nursing of the American Red Cross, died on April 15 at Base Hospital No. 8, Sauvigny, France, from complications following an operation for mastoiditis. Miss Delano sailed from New York on January 2 for the purpose of making a personal survey of the nursing situation in France, Italy, the Balkans, and other European countries where the American Red Cross is at work. She was taken ill soon after her arrival in France. Miss Delano was one of the foremost figures in the nursing world. It was under her direction that more than 30,000 nurses were recruited through the American Red Cross for service in the army and navy after the United States entered the war. She served three times as president of the American Nurses' Association and also served several years as head of the directorate of the *American Journal of Nursing*.

*Modern Medicine* is a new medical publication to emanate from Chicago. It is published by the Modern Hospital Publishing Company, is a beautiful magazine mechanically, and is high class and ethical as to subject matter and advertising. The publishers state that the editorial appeal of this publication will be directed especially to that part of the profession interested in industrial hygiene, public health and current problems in social medicine. The first or May number contains the following leading articles: Care of the Sick in the United States in 1919; Interpretation of the Death Rate by Climographs; The Physician's Obligation to the Public Health; Modern Medicine as a Gauge of

Civilization; Community Organized for Preventive Health Work; Modern Industrial Medicine; Industrial Clinics in Women's Garment Trades; Prevention of Tuberculosis in Industry; The New Public Health; Capitalizing Health Knowledge; Better Housing—What It Asks of the Physician; Child Hygiene in National Reconstruction; and Biological Significance of Physical Education. The editors are Alexander Lambert, M.D., S. S. Goldwater, M. D., and John A. Lapp, LL.D., and the editorial and business offices are located at 58 E. Washington St., Chicago.

---

### CORRESPONDENCE

---

#### PHYSICIANS' PROTECTIVE ASSOCIATION OF ANDERSON

Anderson, Ind., May 12, 1919.

*Editor The Journal:*—I wish that you would favor me by putting a note in THE JOURNAL concerning the Physicians' Protective Association which was organized here in Anderson about a year ago. It was to have been a mutual company and the stock entirely placed with physicians. War conditions made this impossible and the organization was discontinued. I was notified that all claims against the Company had been paid and all money collected for stock had been returned. I have found one physician who has not received his money back. If there are others I wish they would communicate with me at once.

Very respectfully yours,  
M. A. AUSTIN.

War Department,  
Office of Provost Marshal General,  
Washington, D. C., April 6, 1919.

*To Members of all Selective Service Boards:* The President has directed that all Boards of the Selective Service System be discontinued; that all members thereof be honorably relieved from the duties of their respective offices effective March 31, 1919; and that a certificate of Service be issued to members relieved from duty by the order mentioned. A copy of this order is enclosed. A suitable certificate of service, countersigned by the Governor of your State, will be transmitted to you at a later date.

The Selective Service organization is dissolved. This is my last official communication to its members. Two years ago today, the Congress declared a state of war to exist with the Imperial German Government. America's army was but a handful. The plan to raise it to the

proper strength was inchoate and uncertain. Today the war is won and an army of four million is already half demobilized.

You have performed a stupendous task; you have performed it loyally, unselfishly and well. But you have done more. You have the groundwork for a new ideal in democracy. You have taught and shown the value and the possibilities of sympathetic and understanding cooperation. You have discovered and vindicated a new altruism; you have crystallized an ideal and made of it a system.

In these closing words, I add my heartfelt praise to the grateful thanks of America.

Provost Marshal General.

E. V. CROWDER,

### SERVICE IN THE M. R. C.

Evansville, Ind., May 29, 1919.

*To the Editor:*—I have read with much pleasure and considerable amusement your editorial, "Reorganization of the Medical Reserve Corps." But what I most wish to know is where will you get the Doctors with which to reorganize? Certainly not among those who have had a taste of what has occurred during the last two years.

During the time I served in the Army, nearly two years, I have spoken to many of my fellow victims and I can safely say that not one half per cent. of those men will ever join any Reserve Corps again.

You mention the term "Raw Deal." My dear Sir, the true significance of that term was never realized till June, 1917. We who went in early were sent circulars stating that all would be commissioned 1st Lieutenants, and we accepted, never dreaming that our Army would juggle words, and awakened to our first vague feelings of distrust when we found Captains and Majors in our midst. Why were we not told the truth in the beginning? And how were these higher grades awarded? Certainly not by age or length of time in practice, assuredly not by any record of efficiency, and absolutely not by any competitive examination.

However, I will not bore you with more of my chatter because it is but the ravings of a chronic grouch, but I will refer you to my book, "The Confessions of a Cootie Catcher," which will be published some day, will be on sale at all first class book dealers, and affectionately dedicated to our Regular Army Medical Corps. This book will contain the following chapters:

1. Round Pegs in Square Holes. Showing the efficient placing of medical men by the powers that were.

2. Square Pegs in Round Holes. Dealing with the corrections which were made after promises of readjustment.

3. Why politics did not enter our M. R. C. It didn't have to, it was there all the time.

4. Why I stayed home and got a higher rank than the fellows who first volunteered.

5. The Tragedy of the Small Man in the Big Place, and Vice Versa. This chapter is long and relates the queer story of a few really efficient men who happened to be promoted. It also deals with the paid assistant of one of our most genial "advertising specialists" whose picture adorns the pages of many of our daily papers and who has now reached Field rank and I am told is in command of a Base Hospital. It also tells of real surgeons of more than a half century of age who were discharged as Lieutenants after service in the line as battalion surgeons in first aid posts.

6. Obstructions and obstructionists I have met. Detailing the delightful experiences of a 600-mile trip on a truck for supplies which were urgently needed and were refused because of a slight technical error in the requisition.

7. Why I am going to place my Boy in the Regular Army Medical Corps. For answer see casualty list.

8. Why Franklin Martin and Co. whose silver tongued oratory and gold tipped pen awakened our dormant patriotism, did not, after seeing what was happening to us, remain civilians and demand a square deal, which they could have done as Fellows of the A. M. A. and A. C. S. who had done the medical recruiting, instead of accepting high rank and much honors and the muzzle.

9. How performing Squads East and Platoons West helped us to become good surgeons.

10. Home, Sweet Home—Discharge—NEVER AGAIN!!!!

Thanking you for reading this, if you have gotten this far, I remain,

Yours very sincerely,

WM. S. EHRLICH.

### BENEFIT FROM ACTIVE SERVICE

*Editor The Journal:*—Of the experiences of the great bulk of medical men who rendered active duty in the military forces of our country during the recent struggle one hears practically nothing. Now and then an article appears by a worker or group of workers along certain special lines in which results of scientific interest are announced; but of the work and experience of the medical profession as a



whole while on active duty in the various branches of military service one gets scarcely any information whatever.

It cannot be denied that there were instances in which a medical officer was assigned to duties which were anything but medical; nor can it be denied that many a medical officer was assigned to professional duties quite different from the line of work he had been following before his mobilization. It is true, also, that many a medical officer did not get the opportunity he may have hoped for to develop his special professional knowledge and skill beyond the degree he already had acquired prior to his entry into the service. Such instances are no doubt plentiful, and these medical officers no doubt feel that they have been extremely unfortunate and that they have had anything but a "square deal."

There can be no question in regard to the bad luck of those doctors in the service who either had no medical work to do or were assigned to medical duties which seemed distasteful to them. In the parlance of the army they were "s.o.l." so far as actual medical work is concerned. It is unfortunate, indeed, that situations such as these had to develop. It should be borne in mind, however, that in such a tremendous organization as our total military establishment at its maximum strength, where so many men of all sorts and classes were assembled, it was utterly impossible to have pleased every member thereof, or to have assigned each man—doctor or layman—to the specific task or duty for which he thought he may have been best suited.

It is quite safe to assert that the doctors, as a whole, who served in this war have obtained an experience of unusual interest and value. We have had the privilege of a rather active service in the Army, with the opportunity to travel considerably in our own country and in several foreign countries. During that time we came in contact with quite a number of medical officers, and made it a point to try to ascertain whether the rank and file of doctors were really getting anything worth while out of their service. As a result we feel quite convinced that the doctors, as a class, have profited immensely. If military service did no more for the average doctor than to take him out of his ordinary routine and limited horizon for a while, and bring him into intimate contact with vast numbers of men whose sanitary and medical needs he had to provide, in that alone it gave him a training and experience of real value. It showed him by a practical demonstration how much could really be accomplished in the prevention

of disease, provided full authority and power to enforce proper, rational prophylactic measures could be had.

The total benefit derived by the doctors must not be measured exclusively by what they learned of their own work. The military training many of them had, the association with military officers recruited from the very best of the country, the opportunities to travel and see so much which under no other circumstances would have been granted to so many doctors at one time, all these experiences have served to broaden the vision of the great mass of doctors who saw active service to an extent which has not yet become apparent. It has brought to them a new outlook of life, just as it did to so many others in the service, and it is safe to predict that this influence will be manifested in the work and deeds and thoughts of the ex-service doctors for the present generation at least.

B. M. EDLAVITCH.

Fort Wayne, June 1, 1919.

---

## SOCIETY PROCEEDINGS

### HEALTH OFFICERS' SCHOOL

The Indiana State Board of Health held its twenty-fifth annual conference at Indianapolis, May 5 and 6, headquarters at Claypool Hotel. There were five sessions all crowded with interesting and instructive lessons. The meeting this year was made notable by the attendance of Hon. Peter Bryce, Minister of Health of the Dominion of Canada; Dr. Charles Hastings, Medical Officer of Health of the Province of Toronto; Dr. Lee K. Frankel of New York, President of the American Public Health Association, and Mr. A. W. Hedrich, an ex-Indiana health officer, secretary of the said association. Dr. W. A. Evans of Chicago was also present. All the visitors named gave special talks to the officers and also took part in the discussions. Lieut.-Col. George B. Lake, commanding officer, U. S. General Hospital No. 25, Fort Benjamin Harrison, spoke on "The Army Surgeon and His Health Work." Lieutenant-Colonel Lake was formerly health officer at Wolcottville, but entered the Army about ten years ago and has advanced through the various ranks to that of lieutenant-colonel. He was with General Pershing in his raid into Mexico to "bring back Villa dead or alive." Lieutenant-Colonel Lake also had an extended experience in the Philippines. He was cordially received by the health officers, many of whom were in the service when he joined the U. S. Army. Dr. C. D. Humes, ex-major, U. S. Medical Corps, gave an interesting and instructive talk on "War Neurosis."

The third session held May 5, 8 p. m., was remarkable on account of the showing of the now much-heard-of moving picture known as "Fit to Fight." This was shown following a lecture on "The Fight Against Venereal Diseases," by Dr. W. F. King, Director Bureau Venereal Diseases of the State Board

of Health. Dr. Lee Frankel of New York spoke on "The American Public Health Association." A noon luncheon was enjoyed May 6, over 100 persons being present. A movement was started to organize the Indiana State Health Association. This was probably the most successful and profitable health officers' school ever held by the State Board of Health.

#### FOURTH DISTRICT

The fifteenth annual meeting of the Fourth District Medical Society was held at Columbus, May 27.

Pres. E. J. Libbert of Aurora, in his opening address, made a strong plea for the conservation of the child, and for pre-natal care.

The following program was presented:

"Treatment of some of the Common Fractures," Dr. Wilbur Robinson, Rising Sun; "Angina Pectoris," Dr. J. H. Green, North Vernon; "School Inspection in Columbus," Dr. Bertha Clouse, Columbus; "Diseases of the Gall Bladder," Dr. George E. Denny, Madison; "Reconstruction," Dr. O. F. Welch, Westport.

Wm. J. Bryan and Dr. C. W. Saleeby of London, England, were visitors, and the latter spoke to the society on social conditions in Europe, making it very clear that the future of the English speaking civilization depends very largely on a clean-blooded American youth.

Officers elected were: President, Dr. G. G. Graessle, Seymour; vice-president, Dr. J. A. Welch, Letts; secretary, Dr. O. A. Turner, Madison; treasurer, A. G. W. Childs, Madison.

The next meeting is to be held at Madison in May, 1920.

About seventy physicians attended, and each paper read brought forth a very full and free discussion, showing a lively and wide-awake membership.

A banquet was served at 7 p. m., some of the after-dinner speakers being Dr. Charles P. Emerson, dean of the Medical Department of Indiana University; Dr. Stemm, president of the State Association; Dr. Osterman, councillor for the Fourth District; and Lieut.-Col. A. P. Roope of Columbus, lately returned from service in France.

Adjourned.

O. A. DeLONG, Sec'y.

#### INDIANAPOLIS MEDICAL SOCIETY

The May 5th meeting of the Indianapolis Medical Society was held at the Columbia Club.

The regular program was preceded by a dinner. All doctors who had been in Federal Service were guests of the Society. Ninety-three accepted the invitation and were present.

Dr. James H. Taylor introduced a resolution to establish semi-monthly meetings of the Society and to alternate scientific and social programs. The attention of the Society was called to the unconstitutionality of such a departure and no further action was taken.

Colonel Ed. Clark, who commanded Base Hospital No. 32, was the first speaker. He regretted he had not prepared a manuscript or notes but pointed out the difficulty of so doing. He described the difficulties and hardships of establishing the Base Hospital which did not long remain as such, but which was soon changed to an evacuation hospital. It was started with 500 beds but was rapidly expanded to 2,150 beds. This was possible only by utilizing all available space such as corridors, garages, tents, etc.

The death rate was 1.3 per cent. and during the time it was used as a base hospital they returned 96 per cent. of their casualties to the front line.

He called attention to the religious use of anti-tetanic serum and said only two cases of tetanus developed. He found it poor surgery to remove extensive areas around wounds and it was not necessary to amputate in gas infections. Wounds so infected were deeply incised and Carrol Daken solution used. This solution was abandoned when it could not be longer obtained. Found results just as good in the use of other solutions. One serious mistake was the packing of wounds too tightly at the first aid stations. These tight dressings caused great pain on removal and lowered the vitality of the injured tissues.

Primary closures of wounds were soon left off. As soon as a satisfactory bacteriologic count was had secondary closures were made and were eminently satisfactory. The joint infections were opened and drained and this was also satisfactory.

He complimented the work of all the men on his staff and particularly called attention to the work of Capt. Guedel on anesthesia and Capt. Beeler on X-ray examinations. Col. Clark spoke his appreciation of the opportunity to speak before the society and concluded it was a fine big thing to have been in but a finer one to be back home again in Indiana.

Major A. B. Graham said in discussing his connection with the Lilly Base Hospital.

"When a physician accepts a commission in the United States Army and receives orders to report for active service—this does not necessarily imply that he will be assigned to a duty that meets with his approval and that will be invariably to his liking. It matters not how displeasing an army order may be, it is recognized as good and sane practice for said medical officer to exert every possible effort—superhuman if necessary—in an endeavor to see that it is obeyed. It is likewise regarded as good practice in the army for the medical officer not to attempt any open discussion of said order with the ranking officer by whom it was issued. This we call discipline and good army discipline implies obedience.

"That errors in every department are possible, in a large army mobilized quickly, cannot be denied. That there were some errors in the assignment of medical officers in the recent war cannot be denied. The one regret is that some of these officers who were unfortunately—I cannot believe intentionally—the victims of said errors, have failed to eliminate their own personal equation or grievance when discussing the work of the Medical Department as one big organization. Criticism of the department—based wholly on an injustice to this or that individual has not been infrequent. If we will but allow ourselves to reflect seriously—if we will glance backward over a period of some two years—we cannot do other than admit that the Medical Department of the U. S. Army, all things considered, performed a great and grand work. It was regarded as the best organized and equipped of all the departments in the overseas army. If we study the Medical Department as an organization and understand fully the work it accomplished—our commendation will cause the isolated criticisms to be soon forgotten."

After describing some of the inconveniences to which the personnel of Base Hospital 32 were subjected, the speaker told of the conversion of five large summer hotels into hospitals. The original



equipment of 500 beds was rapidly increased until 2,100 patients could be cared for in an emergency. "This city of ours does not have a hospital that compares with Base Hospital 32 as to completeness in equipment, and the result was we were able to do most efficient work. As in all army hospitals it was demonstrated that system alone tends to efficiency and each and every member of B. H. 32—officers, nurses and enlisted men—played his or her part well and willingly.

"We operated first as a base hospital and it was at this time that we did our best work, and our records show 96 per cent. back to duty. Then we operated as a semi-base and semi-evacuation hospital. We had to have beds for any emergency. We would receive 200 to 500 patients tonight and the next morning we would be ordered to evacuate a like number to the interior. This receiving and evacuation work having to be performed with only a few hours notice, was our most trying work.

"Our patients came as preoperative and postoperative. Some came from the trenches with first aid dressings applied by themselves or by comrades. It might be correctly stated that they were "shot to pieces" and yet no matter how badly wounded they were, I cannot recall of an instance where a groan was heard. All were soldiers and possessed the stuff that makes a real man. Of all the soldiers we cared for, and at one time we had fourteen nationalities in our hospital, I bow to the doughboy for whom I have the profoundest respect. He was a real fighter, a real patient, and his work is responsible for the early termination of the war.

"Up to January, 1919, B. H. 32 cared for 9,685 patients, 5,383 were surgical. We had 118 deaths, of which 58 were surgical, 46 deaths were from pneumonia. These 9,685 patients were cared for in eight months which means that our hospitals were comfortably filled most of the time."

Meeting adjourned.

Attendance, 198.

#### Washington Hotel, Tuesday, May 20, 1919

Meeting of the Indianapolis Medical Society was called to order by Dr. H. E. Gabe, acting as president during the absence of Dr. C. F. Neu.

Minutes of the previous meeting were read and approved.

Dr. H. A. Walker was elected to membership in the society.

The council sent in a divided report on the application of Dr. J. D. Moschelle. An undecisive vote on this application was had, and on motion it was sent back to the council for further consideration.

Dr. Jane Ketcham made a plea for funds and support of the plan for building hospitals in Servia and Armenia.

A motion was made, seconded and carried that the society endorse the movement and that the council be instructed to vote such money from the treasury as was available.

Dr. Tomlin spoke against the promiscuous giving of funds from the society treasury and advised an individual subscription.

Dr. Arthur Guedel read a paper on "The Third Stage of Anesthesia." The following is an abstract:

The literature to date mentions four stages of anesthesia: The first or stage of analgesia; the second, the stage of excitement; the third or surgical stage,

and the fourth, which represents the period following respiratory arrest and death. Modern anesthesia requires a subclassification of the surgical stage, and in this essay I shall bring out this classification, together with anesthetic guides by which we can determine the depth of the anesthetic at any time. In presenting these signs I wish to call attention especially to the eyeball and its significance. Many anesthetists claim to be able to determine the degree of anesthesia present by the respiration alone. This cannot be done with any degree of accuracy. It is no longer sufficient to know that the patient is safe from immediate accident. One must now maintain the lightest possible degree of surgical anesthesia consistent with the requirements of the operator. In other words, he must obtain an entirely satisfactory operative state for the surgeon with the least possible amount of ether administered. The following classification, I am sure, provides for better anesthesia from the standpoint of both the surgeon and the patient.

I have divided the third stage of anesthesia into four strata. The proper place to carry the patient in practically all cases is in the upper or first stratum of this stage.

The respiration of the patient as he or she passes from the second stage to the third stage in the induction of the anesthesia is exaggerated and rhythmical. It is this sign that we depend on to mark the transition from the stage of excitement into surgical anesthesia. The respiration is exaggerated here and remains exaggerated down through the first, second and third strata of the third stage. The beginning of respiratory depression marks the passage from the third stratum to the fourth, and this depression is progressive through the fourth stratum until it is entirely arrested, which marks the end of the third stage and the beginning of the fourth. This is the respiratory curve with anesthesia going down.

The respiratory curve presented with anesthesia coming up is the same in the three lower strata of the third stage, but the upper stratum presents a curve resembling very closely the going down curve of the fourth stratum, reversed, of course. It is difficult or often impossible, judging by the respiration alone, to say whether the patient is in the first stratum or the fourth: whether the patient is just ready to come out or to go out. But here the eye signs come to the rescue.

Little or nothing has been said heretofore in the literature of anesthesia regarding anything definite in the way of eye sign classification.

The excentric position or the oscillatory activity of the eyeball marks the first or upper stratum of the third stage. There is during this stage an incomplete paralysis, whether central or peripheral, of the oculomotor muscles. With anesthesia going down the completion of this oculomotor paralysis marks the passage of anesthesia from the first into the second stratum. With this the eyeball becomes stationary and on center.

With the anesthesia coming up the transition from the second stratum into the first is marked by a reappearance of the oscillation or excentric position of the eyeball.

The degree of oscillation or excentricity with anesthesia coming up increases progressively through the upper stratum; going down it decreases progressively.

This, I believe, is the most constant anesthetic guide that we have. It is not affected by the pre-anesthetic administration of morphin.

The toxic dilatation of the pupil without morphin with the anesthesia going down begins in the second stratum and grows progressively greater throughout the third stage.

The toxic dilatation of the pupil with morphin does not begin until some time in the third stratum.

The movement of the larynx in swallowing, with anesthesia coming up, is fairly reliable in forewarning the anesthetist that the patient is about to come out.

I used this classification and there signs in teaching anesthesia in France and found them reliable.

In order to present the subject more clearly, it is necessary to prepare a chart, which, with the permission of the society, I shall do now.

Dr. J. V. Reed read a very interesting and amusing paper on his experiences in the Navy. This paper did not lend itself to an abstract and none was furnished.

Dr. Cabalzer complimented Dr. Guedel on his presentation. He said the respiration was not a dependable sign in anesthesia. He called attention to the color of patient and pulse. He said surgeons made a mistake in asking the anesthetist to put the patient into deep anesthesia.

Dr. Knowlting emphasized the importance of going slowly in the first stage.

Meeting adjourned.

Attendance, 70.

Dr. A. L. MARSHALL, Secretary-Treasurer.

### MONTGOMERY COUNTY

The Montgomery County Medical Society met May 20 at the Crawford Hotel, Crawfordsville. There were twenty-five doctors and twelve visitors present.

It was a post-war meeting. Dr. George T. Williams of Crawfordsville read a paper on his war work in France, and Dr. Harry B. Williams of Crawfordsville spoke from notes on his war experiences in France. Dr. Paul Hurt of Indianapolis told of the work of the Lilly Base Hospital in the war zone, and said that most of the captured Germans that came to the hospital had handkerchiefs around their heads, but they received the same treatment as the Americans at the hospital.

At seven o'clock supper was served at the Crawford Hotel café. H. H. Elmore, who is a graduate in medicine and theology, and now has charge of a Baptist church in Crawfordsville, led the invocation, and Rev. C. W. Ross of the Christian church gave an after-dinner talk on the combined work of doctors and ministers.

Adjourned.

Dr. W. F. BATMAN, Pres.

Dr. B. F. HUTCHINGS, Sec'y.

## THE TRUTH ABOUT MEDICINES

### NEW AND NONOFFICIAL REMEDIES

Since publication of New and Nonofficial Remedies, 1919, and in addition to those previously reported, the following articles have been accepted by the Council on Pharmacy and Chemistry of the American Medical Association for inclusion with "New and Nonofficial Remedies":

**ATREOL.**—An aqueous solution containing as its principal constituent the ammonium salts of a mixture of organic acids containing nitrogen in the sulphonic radical which results from the action of sulphuric acid on certain petroleum distillates. Atreol is applied locally for promoting the absorption of swellings and effusions in contusions following fractures, etc. It is claimed to be useful in dermatologic and gynecologic practice. It may be used in aqueous solutions, ointments and suppositories. The Atlantic Refining Co., Philadelphia, Pa. (*Jour. A. M. A.*, May 17, 1919, p. 1463).

**GILLILAND'S CONCENTRATED AND REFINED DIPHTHERIA ANTITOXIN.**—Marketed in ampules containing 1,000, 5,000 and 10,000 units each. For a description of Diphtheria Antitoxin, Concentrated, see New and Nonofficial Remedies, 1919, p. 280. Gilliland Laboratories, Ambler, Pa.

**GILLILAND'S CONCENTRATED AND REFINED TETANUS ANTITOXIN.**—Marketed in ampules containing 1,500, 3,000 and 5,000 units each. For a description of Tetanus Antitoxin, Concentrated, see New and Nonofficial Remedies, 1919, p. 266. Gilliland Laboratories, Ambler, Pa.

**GILLILAND'S ANTIPNEUMOCOCCUS SERUM, TYPE I.**—Marketed in vials containing 100 c.c.; also in double ended vials containing 50 c.c. each, with a gravity injection apparatus for intravenous injection. For a description of Antipneumococcus Serum, see New and Nonofficial Remedies, 1919, p. 271. Gilliland Laboratories, Ambler, Pa.

**GILLILAND'S SMALLPOX VACCINE.**—Marketed in sealed capillary tubes in packages containing two tubes each. For a description of Vaccine Virus, see New and Nonofficial Remedies, 1919, p. 274. Gilliland Laboratories, Ambler, Pa.

**GILLILAND'S ORIGINAL TUBERCULIN, "O. T."**—Marketed in 3 c.c. vials. For a description of Old Tuberculin, see New and Nonofficial Remedies, 1919, p. 277. Gilliland Laboratories, Ambler, Pa. (*Jour. A. M. A.*, May 17, 1919, p. 1463).

**BARBITAL-ABBOTT TABLETS, 5 GRAINS.**—Each tablet contains 5 grains of barbitol-Abbott (see New and Nonofficial Remedies, 1919, p. 82). The Abbott Laboratories, Chicago.

**PROCAINE HYPODERMIC TABLETS, 3/4 GRAIN.**—Each tablet contains 3/4 grain of procaine-Abbott (see New and Nonofficial Remedies, 1919, p. 30). The Abbott Laboratories, Chicago.

**PROCAINE-ADRENALIN HYPODERMIC TABLETS.**—Each tablet contains procaine-Abbott 1/2 grain and adrenalalin 1/2500 grain (see New and Nonofficial Remedies, 1919, p. 30). The Abbott Laboratories, Chicago (*Jour. A. M. A.*, May 17, 1919, p. 1463).

**PROTARGENTUM-SQUIBB.**—A compound of gelatin and silver containing approximately 8 per cent. of silver in organic combination. It has the actions and uses of silver preparations of the protargol type (see New and Nonofficial Remedies, 1919, p. 3007). Protargentum-Squibb is used in 0.25 to 5 per cent. aqueous solutions, prepared freshly as required. E. R. Squibb and Sons, New York (*Jour. A. M. A.*, May 24, 1919, p. 1543).

**ANTIMENINGOCOCCIC SERUM (COMBINED TYPE) (GILLILAND).**—Marketed in 15 c.c. ampules and in 15 c.c. and 30 c.c. cylinders with attachments for spinal administration. For a description of Antimeningococcus Serum, see New and Nonofficial Remedies, 1919, p. 270. Gilliland Laboratories, Ambler, Pa. (*Jour. A. M. A.*, May 24, 1919, p. 1615).

### PROPAGANDA FOR REFORM

**PHOSPHORUS METABOLISM.**—The more recent investigations on digestion and absorption all point to the probability that phosphorus from the digestive tract reaches the general circulation only in the form of inorganic phosphates and that all organic phosphorus compounds are synthesized in the body cells. This is in support of the conclusion of the Council on Pharmacy and Chemistry in forming an estimate of the therapeutic potency ascribed to preparations of organically bound phosphorus, such as lecithin, glycerophosphates, phytin, macleic acid and phosphoproteins. All the newer researches give no indication that the body is dependent on a ready made supply of phosphatid (phosphorized fat) in the diet to maintain normal nutrition (*Jour. A. M. A.*, May 3, 1919, p. 1294).



**IODEX.**—Iodex is a black ointment marketed by Menley and James with the claim that it is a preparation of free or elementary iodine minus the objectionable features that go with free iodine. As a result of an investigation of Iodex made in the A. M. A. Chemical Laboratory, the Council on Pharmacy and Chemistry reported in 1915: 1. The composition is incorrectly stated; the actual iodine content is only about half of that claimed. 2. The action of Iodex is not essentially that of free iodine, although that is the impression made by the advertising. 3. The assertion that iodine may be found in the urine shortly after Iodex has been rubbed on the skin has been experimentally disproved. As the manufacturers of Iodex still persist in their claim that the product contains free iodine, the A. M. A. Chemical Laboratory has again examined Iodex. It reports that Iodex gives no test for free iodine, or, at most, but mere traces (*Jour. A. M. A.*, May 3, 1919, p. 1315).

**TWO MISBRANDED NOSTRUMS.**—Bull's Herbs and Iron Compound was a weak alcoholic solution containing iron, phosphates, sugar and vegetable derivatives, among which were quinine, red pepper, gentian and podophyllum. It was falsely and fraudulently represented as a remedy for weak nerves, ailments peculiar to women, scrofula, rickets, liver, kidney and bladder diseases, etc. Effervescent Granulare consisted of over 13 per cent. sodium bicarbonate, 61 per cent. of sugar, 3 per cent. of borax, and 17 per cent. potassium bitartrate. Though invoiced as "Eff. Magnesia" it contained no magnesia. Both were declared misbranded (*Jour. A. M. A.*, May 3, 1919, p. 1316).

**COLLOSOL MANGANESE.**—Stephens, Yorke, Blacklock, Macfie, Cooper and Carter report in the *Annals of Tropical Medicine and Parasitology* the results of their investigation for the English government of Collosol Manganese conclude that Collosol Manganese in the dose used is of no value in the treatment of simple tertian malaria (*Jour. A. M. A.*, May 3, 1919, p. 1318).

**HELPFUL HINTS FOR BUSY DOCTORS.**—A comparatively recent issue of the *International Journal of Surgery* has an editorial on "The Questionable Etiology of the Present Epidemic," signed "G. H. Sherman, M. D." It was to the effect that one can best immunize against influenza by using "a combined vaccine containing the influenza bacillus, pneumococci, streptococci, the *Micrococcus catarrhalis* and staphylococci." In the advertising pages of the same issue was an advertisement of "Influenza Vaccine No. 38," which "Will abort Colds, Grippe, Influenza and Pneumonia," and which was made by "G. H. Sherman, M.D." The vaccine contained the various bacilli and cocci mentioned in the G. H. Sherman editorial. One wonders if in succeeding issues of the *International Journal of Surgery* one may look for editorials by the proprietors of Bellans, Phenalgin and other products advertised in the publication (*Jour. A. M. A.*, May 10, 1919, p. 1372).

**ADMINISTRATION OF ARSPHENAMINE.**—The U. S. Public Health Service has issued a circular concerning the dilution and the rate of administration of arspfenamine solutions. A study as to the cause of the disagreeable results following the use of the various preparations of arspfenamine has indicated that most disagreeable results are not inherent in the preparations but are produced through faulty steps in the administration of the remedy, chiefly from the use of a too concentrated solution and by too rapid administration (*Jour. A. M. A.*, May 10, 1919, p. 1372).

**LANE'S ASTHMA CURE.**—The A. M. A. Chemical Laboratory reports that Lane's Treatment, double strength, for Hayfever and Asthma (formerly called Lane's Asthma Cure) was found to be essentially a

solution of calcium iodide, alcohol and water, with vegetable extractives and sugar. It contained 3.96 Gm. of anhydrous calcium iodide, or about 2.5 grains per dose. Iodides have been used for years in the treatment of certain forms of asthma. Under careful supervision the use of iodides in selected cases of asthma may give decidedly satisfactory results. Self-dosing with iodides, however, is by no means free from danger (*Jour. A. M. A.*, May 10, 1919, p. 1386).

**TYREE'S ANTISEPTIC POWDER.**—An advertising leaflet for Tyree's Antiseptic Powder recently received by a physician is devoted largely to a report of a bacteriologic examination of the Tyree preparation. The physicians who receive this advertising material might easily overlook the fact that the reported bacteriologic tests were made in 1889 and that the investigation of the Council on Pharmacy and Chemistry in 1906 brought out that the examination applied to a product differing radically in composition from that of the preparation now marketed. The Council found that although the Tyree preparation was advertised as a mixture of borax and alum, it was essentially a mixture of zinc sulphate and boric acid. Here then we have a manufacturer publishing in 1919, in behalf of a certain product, tests that were made in 1889 with a product of different composition although of the same name (*Jour. A. M. A.*, May 17, 1919, p. 1482).

**PEPTENZYME.**—Peptenzyme was reported on by the Council on Pharmacy and Chemistry along with a number of other products of Reed and Carnrick in 1907. The report "Reed and Carnrick's Methods" announced that none of the products examined were eligible for New and Nonofficial Remedies. The following is an abstract of the report on peptenzyme: Peptenzyme elixir and powder are said to contain "the enzymes and ferments of all the glands which bear any relation to digestion"; therefore, the peptic glands, pancreas, salivary glands, spleen and intestinal glands. The preparations are said to be "not chemical extracts, but pure physiologic products." Apparently peptenzyme powder consists of the glands, dried and powdered, while the elixir is an extract. It is stated that these preparations digest proteids, starch and fat, and in addition stimulate and nourish the digestive glands, and that the ferments in these preparations do not interfere with or digest one another. Examination by the Council showed that these preparations were practically devoid of any power to digest proteids or fat when tested by the U. S. P. method. The claim that the product contained ferments which would not show this activity in the test tube, but become active in the alimentary canal, is contrary to known facts and could not be substantiated by the manufacturer. The claims made for peptenzyme powder and elixir were held to be unwarranted (*Jour. A. M. A.*, May 17, 1919, p. 1484).

**KLINE'S NERVE REMEDY.**—This epilepsy nostrum was analyzed by the A. M. A. Chemical Laboratory and found to be a bromide preparation and practically identical with Waterman's Tonic restorative.

**CHASE'S RHEUMATIC SPECIFIC.**—The A. M. A. Chemical Laboratory found this to have essentially the following composition: sodium salicylate, 22.4 per cent.; magnesium oxide, 5.3 per cent.; licorice root, 72.3 per cent.

**DIABETOL.**—In 1910 Professor Millsbaugh at the Field Museum, Chicago, found this herb to be from a shrub—*Stenolobium stans* (L.)—growing in Arizona, Mexico and Central America.

**VARNESIS.**—Some time ago, the state chemists of Connecticut found this to contain 18 per cent. alcohol

and less than 1 per cent. vegetable extractives derived from laxative drugs and capsicum. Later the alcohol percentage was reduced to 15.

**VIIVI.—Viavi Capsules** were analyzed for the *California State Medical Journal* and reported to contain nothing but extract of hydrastis and cocoa butter.

**NUXATED IRON.**—The analysis in the A. M. A. Chemical Laboratory indicated that Nuxated Iron Tablets contained only one twenty-fifth grain of iron, while the amount of nux vomica was practically negligible. Nuxated Iron has been advertised by an extensive campaign of misrepresentation and exaggeration (*Jour. A. M. A.*, May 24, 1919, p. 1550).

**SANOSIN.**—Sanosin (first introduced as Sartolin) consists of a mixture of powdered eucalyptus leaves, flowers of sulphur, powdered wood charcoal, and oil of eucalyptus. The instructions to the consumptive are that this mixture should be placed on a slab under which an alcohol lamp is burning. The whole thing is to be operated in a room which is tightly closed and in which the consumptive is supposed to stay (*Jour. A. M. A.*, May 24, 1919, p. 1561).

**TOWN'S EPILEPSY TREATMENT.**—This is a bromide epilepsy preparation and was analyzed by the A. M. A. Chemical Laboratory (*Jour. A. M. A.*, May 24, 1919, p. 1561).

**THE WILLIAMS TREATMENT.**—According to the Dr. D. A. Williams Company, which sells it on the mail order plan, the Williams Treatment "conquers kidney and bladder diseases, rheumatism and all other ailments when due to excessive uric acid." The Williams Treatment was analyzed in the A. M. A. Chemical Laboratory and from the results of the examination it was concluded that it is essentially a mixture containing in 100 Cc. 48 gm. potassium acetate in solution and about 7 gm. potassium bicarbonate, the latter being largely undissolved. The mixture is colored with caramel and flavored with oil of wintergreen or methyl salicylate (*Jour. A. M. A.*, May 31, 1919, p. 1632).

**INVESTIGATION BASED ON FALSE PREMISES**—One sometimes reads in supposedly "Original Articles" in medical journals statements that seem puzzlingly familiar. If one is sufficiently inquisitive and possessed of a germ of Sherlock Holmesism, the familiar statement may be traced to the "literature" for some proprietary medicine with which the author's article deals. The unwisdom of authors accepting the unconfirmed statements of the promoters of proprietary remedies is well illustrated in a recent report of the Council on Pharmacy and Chemistry on "Collosol Cocaine," a preparation claimed to contain 1 per cent. of cocaine in colloidal and relatively nontoxic form. The report brings out that men of good standing had reported "Collosol Cocaine" to be much less toxic than cocaine. These men, however, did not verify the statement of its composition, and subsequent investigation by others brought out the fact that "Collosol Cocaine 1 per cent." contained but 0.26 per cent. cocaine, and that its toxicity was in accord with the amount of cocaine found. Those who investigate the action of drugs must recognize more fully than has often been done in the past, that a study of a medication is of no scientific value whenever the identity of the substance is not established (*Jour. Ind. State Med. Assn.*, May, 1919, p. 134).

**THERAPEUTIC EVIDENCE.**—Has the medical profession learned to distinguish between real therapeutic evidence and chance observation? If so, the profession will not be impressed by certain testimonials for a widely advertised ointment. The wise physician who reads the testimonials will ask: Was it the "baking" or the proprietary ointment which produced the "remarkable results" in "rheumatic affections and anky-

osis"? Was the "contracted arm chronic" benefited by time and friction or by the proprietary? How did the physician know that "anointing the nostrils" prevents attacks of influenza? Those who are inclined to give credit to drugs for naturally occurring events may be interested in the statement of a prominent chemist that he has been free from his periodical colds since he arranged for an inoculation with a "cold" vaccine but was prevented from keeping the appointment (*Penn. Med. Jour.*, May, 1919, p. 524).

## BOOK REVIEWS

**PERSONAL HYGIENE AND HOME NURSING.** A Practical Text for Girls and Women for Home and School Use. By Louisa C. Lippitt, R.N., Assistant Professor of Correction Exercises, University of Wisconsin (in New World Science Series, edited by Prof. John W. Ritchie). Illustrated. Cloth. Vol. 7, 256 pages. Price, \$1.28. Published by World Book Company, Yonkers-on-Hudson, N. Y.

As its name implies, the object of this little volume is to bring to girls and women practical advice relating to their personal hygiene, and to give them some brief, practical instruction on the subject of home nursing. The book has been made brief, yet it contains many essential facts of much value and importance to those for whom it is intended. It serves a useful purpose, and is therefore recommended to those interested in a book of this kind.

One statement that the author makes needs modification. On page 181 she says: "Among other chronic infections may be mentioned Bright's disease," etc. So far as we know at present many, if not most, cases of chronic Bright's disease are caused by factors or agents other than bacteria.

**CLINICAL MEDICINE FOR NURSES.** By Paul H. Ringer, A.B., M.D., member of staff of the Asheville Mission Hospital, Asheville, N. C., and of Biltmore Hospital, Biltmore, N. C. Illustrated. Cloth, \$2 net. Philadelphia: F. A. Davis Company, Publishers, 1918.

This book embodies the substance of lectures on some general diseases that the author has delivered for several years to the nurses at the Asheville Mission Hospital.

He thinks that in all textbooks on medicine for nurses "there are far too many minutiae for the pupil nurse to attempt to master." On the other hand, there are many who believe that the nurse ought to be taught as much of internal medicine as practicable during her course, and that the broader her grasp and conception of this subject the greater will she benefit thereby.

In a book such as this the nurse can obtain only a very limited general knowledge of one of the most important fields of practical medicine, so that it is very doubtful if one would care to recommend this work to either student or graduate nurse.

**CLINICAL MICROSCOPY AND CHEMISTRY.** By F. A. McJunkin, M.D., Professor of Pathology in the Marquette University School of Medicine; formerly an Assistant in the Pathological Laboratory of the Boston City Hospital. Octavo volume of 470 pages, with 131 illustrations. Philadelphia and London: W. B. Saunders Company, 1919. Cloth, \$3.50.

In this volume the subject is presented from the laboratory point of view. There are already some



very good books on this subject treated from the same standpoint, but in a field so extensive as this there is always room for one more work, provided it is a work of merit.

This new work really has much in its favor. It is written by a laboratory worker of wide experience, who knows not only his subject but how to present it. He lays particular emphasis on the chemical, bacteriologic, serologic and pathologic methods of value in the clinical study of disease, disregarding long clinical descriptions of disease because they are "readily accessible in textbooks on clinical medicine."

The illustrations are splendid, as is the invariable rule in a Saunders book.

This new book is recommended not only to all laboratory workers, but to all active practitioners as well.

**PROGRESSIVE MEDICINE.** Vol. XXI, No. 5 (March, 1919). Edited by Hobart Amory Hare, M.D., Professor of Therapeutics, Materia Medica and Diagnosis in the Jefferson Medical College, assisted by Leighton F. Appleman, M.D., Instructor in Therapeutics, Jefferson Medical College. Lea and Febiger, Publishers, Philadelphia and New York.

In this volume, surgery of the head, neck and breast, by Charles H. Frazier, takes up about 100 pages. It is quite a thorough and comprehensive review of all the newer developments in this important field of surgery during the past year.

Surgery of the Thorax, excluding diseases of the breast, by George P. Müller, covers some forty pages, and brings out admirably the many valuable points bearing on thoracic surgery learned during the past year or two of the war.

Infectious diseases, including acute rheumatism, croupous pneumonia and influenza, are reviewed by John Ruhräh. This review also embraces almost 100 pages, and contains much material of importance to every class of practitioners of general medicine.

Crandall again reviews diseases of children, devoting to it some twenty-five pages; and George L. Richards reviews the field of rhinology, laryngology and otology, giving therein the essence of the valuable experiences recently obtained in military surgery as well as in civilian practice of this specialty.

**A TREATISE ON ORTHOPAEDIC SURGERY.** By Royal Whitman, M.D., M.R.C.S., Eng., F.A.C.S. A Director of Military Orthopaedic Teaching; Chairman of the Medical Advisory Board for Orthopaedics in New York City; Associate Surgeon to the Hospital for Ruptured and Crippled; Orthopaedic Surgeon to the Hospital of St. John's Guild, etc., etc. Sixth edition, thoroughly revised. Illustrated with 767 engravings. Lea & Febiger, Philadelphia and New York, 1919. Price, \$7.00.

Orthopaedic surgery has as its constant purpose the correction or prevention of deformity and to preserve or to restore function. The author of this well-known textbook has emphasized this purpose, and has presented the matter in a manner that has proved acceptable, as evidenced by the six editions of his work that have been required.

Particularly worthy of note is the emphasis placed upon systematic methods of examination that lead to early diagnosis, and the significance of symptoms and physical signs. His constant aim has been to describe the simplest and most direct methods by which effective results may be secured from treatment, though

the subject has been handled comprehensively and with due regard for the advancements that have been made in the work by those who are recognized as specialists in the line.

The book concludes with a chapter on military orthopaedic surgery and the development of practical reconstruction.

**SURGICAL TREATMENT.** A Practical Treatise on the Therapy of Surgical Diseases for the Use of Practitioners and Students of Surgery. By James Peter Warbasse, M.D., Formerly Attending Surgeon to the Methodist Episcopal Hospital, Brooklyn, N. Y. In three large octavo volumes, and separate Desk Index Volume. Volume III contains 861 pages with 864 illustrations. Philadelphia and London: W. B. Saunders Company, 1919. Per set (three volumes and the Index Volume): Cloth, \$30 per set.

This third and last volume of Warbasse's Surgical Treatment is fully up to the standard set by the two preceding volumes and deserves and undoubtedly will receive the approval and appreciation of surgeons in general. The book deals comprehensively with the following subjects: Hernia; Rectum and Anus; Vermiform Appendix; Liver and Gall-Bladder; Genito-Urinary Organs; the Upper Extremity; the Pelvis; the Lower Extremity; Amputations; Plastic and Cosmetic Surgery; the Newborn; Electricity and Radiation; Injuries from Electric Currents; Gas Poisoning; First Aid; Bandaging; and the Economics of Surgical Treatment.

An effort has been made to include in the recommendations not only the latest form of treatment but the treatment that is recognized by progressive surgeons as being the best. The chapters on electricity and radiation in surgical treatment; injuries from electric currents, radiation, and gas poisoning; first aid to the injured; bandaging; the economics of surgical treatment; the short discussion of surgical materials, anesthetics and blood transfusion are very practical. The illustrations, of which there are many, are uniformly excellent.

**A TEXTBOOK OF PHYSIOLOGY: FOR MEDICAL STUDENTS AND PHYSICIANS.** By William H. Howell, Ph.D., M.D., Professor of Physiology, Johns Hopkins University, Baltimore. Seventh edition, thoroughly revised. Octavo of 1059 pages, 307 illustrations. Philadelphia and London: W. B. Saunders Company, 1918. Cloth, \$5.00 net.

Much new information, due to the natural expansion of physiologic and medical research, has been acquired during the last few years, making it necessary to revise this excellent work in order to bring the book up to date as nearly as possible. The fact that seven editions have been published within thirteen years indicates the intent of the author to keep the work thoroughly abreast of our advancing knowledge. Facts and theories are presented in a simple and lucid manner, making them thoroughly understandable, and the material incorporated has been only such as should go in a work of this kind. Only such conclusions as seem justified by experiment and observation are included, though the author does not lose sight of the fundamental facts of physiology, its principles and mode of reason.

The book is intended primarily for students, and the author is to be commended in his effort to make the student understand that physiology is a subject which is continually growing in importance and widening in its knowledge, and that many of our con-

# A Daily Demand exists for



## *Pituitary Liquid (Armour)*

a physiologically standardized solution of Posterior Pituitary Substance that is entirely free from chemical preservatives.

$\frac{1}{2}$  c. c. ampoules for obstetrical use  
1 c. c. ampoules for surgical use (boxes of 6)

## *Corpus Luteum (Armour)*

is made from *true* substance and is indicated in the disturbances incidental to the natural and artificial menopause and other gynecological cases; powder, 2 and 5 grain capsules and 2 grain tablets.

## *Thyroids and Thyroid Tablets (Armour)*

run uniformly in iodine content. Thyroids is indicated in a large number of diseases. We offer Thyroid powder, and  $\frac{1}{4}$ ,  $\frac{1}{2}$ , 1 and 2 grain tablets.

***Armour's Surgical Catgut Ligatures*** are smooth, strong and thoroughly sterile; 60 inch lengths, plain and chromic, sizes Nos. 000 to 4, inclusive

WE have some new literature on Corpus Luteum, Pituitary Liquid and Thyroids that we shall be pleased to forward to physicians that are interested.

**ARMOUR AND COMPANY**  
CHICAGO

clusions are not the final truth, but provisional only, representing the best that can be done with the knowledge at our command. The work is as comprehensive as it is possible to make it and keep within reasonable bounds as to size. This last edition undoubtedly will meet with the favor that has been accorded the previous editions.

**NEOPLASTIC DISEASES. A Textbook on Tumors.** By James Ewing, M.D., Sc.D., Professor of Pathology at Cornell University Medical College, New York City. Octavo of 1027 pages with 479 illustrations. Philadelphia and London: W. B. Saunders Company, 1919. Cloth, \$10.00 net.

Inasmuch as heretofore there has been no comprehensive textbook dealing with the origin, structure, and natural history of tumors, this book will be especially welcome by the medical profession. The author states that he has endeavored to analyze the numerous etiologic factors which meet in such diverse fashions in the inception of tumors, to emphasize the general dependence of clinical course upon histologic structure, to trace the histogenesis to the last degree, impressing its essential importance when known, and to enumerate and contrast the more striking clinical features which are often highly characteristic of different tumors. He combats the generally accepted theory of a universal causative agent of malignant tumors as well as the prevailing impression that tumors fall into a limited number of grand classes in which the forms occurring in the several organs are so nearly related as to be virtually identical. He points out distinct clinical and pathological entities within the groups of neoplasms and traces their mode

## Making Real Pharmaceuticals

is not all cold, mathematical pharmaceutical Science; there's no little Art in it.

And in our laboratories there's still something more—quite as important and far-reaching.

It's Conscientiousness.

It's the ever-present thought in every mind:—

*"I am going to make this so well, so carefully, that if my own life were in the balance and this very medicine were prescribed, I would have the keen satisfaction of knowing that it was made just right".*

And that's what you get when you use the products of

**Sharp & Dohme**



of origin and growth, and his studies and investigations concerning tumors will be found valuable in our efforts to reduce the mortality from malignant neoplastic diseases.

The illustrations of gross tumors and microscopic sections—of which there are a large number—are excellent and add very materially to the value of the work. A very extensive bibliography covering nearly fifty pages, and several thousand references, will be found especially valuable to those who are making a comprehensive study of the subject.

**A TEXTBOOK OF PRACTICAL THERAPEUTICS.** With Special Reference to the Application of Remedial Measures to Disease and their Employment Upon a Rational Basis. By Hobart Amory Hare, M.D., B.Sc., Professor of Therapeutics, Materia Medica, and Diagnosis in the Jefferson Medical College of Philadelphia, etc. Seventeenth edition, enlarged, thoroughly revised and largely rewritten. Illustrated with 145 engravings and six plates. Lea & Febiger, Philadelphia and New York. 1918. Cloth, \$5.50.

The author states that in the preparation of the 17th edition of this book more care and judgment has been required than in the writing of the first, and for the reason that there have been so many changes, including the discovery of new means and methods and the discarding of those that are obsolete, that a good deal of revision and rewriting has been necessary.

As an illustration of the changes in our views the author points to the fallacy of Ehrlich's early view that one large dose of salvarsan would cure syphilis; in the failure of Wright's hope that by the use of calcium salts we could increase the coagulability

of the blood, and the increasing evidence that vaccine therapy, while useful, has a limited range of value. It is well stated that the bedside student of therapeutics should read and study the results of investigators, and the investigators should be slow in showing disrespect for his long-established conclusions. He must hold fast to that which is good and cast aside that which has become obsolete, but in this he must not permit his desire to accept the new to overcome the respect of the old if the old has the long standing endorsement of his fellows and himself.

In this seventeenth edition of a well-known and popular work the author has endeavored to place before his students and readers facts from the laboratory and clinic in proper balance. Practical therapeutics will always be ahead of experimental therapeutics because thousands are practicing with the former and dealing with the conditions of disease today, while a mere handful are working in the laboratory and using healthy men and animals in their studies. The last thirty years have done much to put hitherto empirical methods upon scientific basis, to develop new application of treatment, and in the repeated revisions of this book the author has tried to include the most of them. Owing to knowledge secured through our experiences in the great war the author is devoting considerable attention to proper methods of intravenous injections or of direct transfusion, the use of Dakin's fluid and dichloramine-T by Carrell's methods, and the treatment of burns by paraffine.

Altogether, the book represents what it is called—a textbook of practical therapeutics, with special reference to the application of remedial measures to disease and their employment upon a rational basis. It undoubtedly will meet with the same approval and popularity accorded previous editions.

ASK FOR  
"HORLICK'S"  
THE ORIGINAL MALTED MILK



**Avoid**  
**NON-DISSOLVABLE**  
**Imitations**  
which even require the addition of milk  
for enrichment

# Easy to Prepare

## Simply use a spoon

### Dissolves

- quickly
- completely
- conveniently

The simplest way at hand may be used to prepare "Horlick's" the Original Malted Milk. It dissolves readily in either hot or cold water—no caking or other undesirable characteristics of imitations—no marketing of a product in an experimental condition.

"Horlick's" is finished. The process is complete—having been perfected by the experience of over a ½ century and by the use of ingredients of highest quality and uniformity.

The medical profession, as a result, have

**UNIVERSALLY ENDORSED**

## "Horlick's" THE ORIGINAL & GENUINE

# Stanolind

Reg. U. S. Pat. Off.

# Surgical Wax

## *For Injuries to the Skin*

While it is more generally used in the treatment of burns, it also is employed successfully in the treatment of all injuries to the skin, where, from whatever cause an area has been denuded—or where skin is tender and inflamed—varicose ulcers, granulating wounds of the skin, etc.

Surgeons will find it useful to seal wounds after operations instead of collodion dressings.

It maintains the uniform temperature necessary to promote rapid cell growth.

It accommodates itself readily to surface irregularities, without breaking.

# Stanolind Petrolatum

## *A New, Highly Refined Product*

Vastly superior in color to any other petrolatum heretofore offered.

The Standard Oil Company of Indiana guarantees, without qualification, that no purer, no finer, no more carefully prepared petrolatum can be made.

Stanolind Petrolatum is manufactured in five grades, differing one from the other in color only.

Each color, however, has a definite and fixed place in the requirements

of the medical profession.

"Superla White" Stanolind Petrolatum.

"Ivory White" Stanolind Petrolatum.

"Onyx" Stanolind Petrolatum.

"Topaz" Stanolind Petrolatum.

"Amber" Stanolind Petrolatum.

The Standard Oil Company, because of its comprehensive facilities, is enabled to sell Stanolind Petrolatum at unusually low prices.

# STANDARD OIL COMPANY

(Indiana)

*Manufacturers of Medicinal Products from Petroleum*

910 S. Michigan Avenue

Chicago, U. S. A.



# THE HOUSE WITH A POLICY

## *1. Research*

THE house of Parke, Davis & Co. came into existence fifty-two years ago. It is proper to ask what motives have actuated it during this long period of service to the medical profession.

Both Mr. Parke and Mr. Davis, with prophetic vision, realized from the first that if the company was ever to become big and great, it must represent some definite, fundamental ideas. It must give the world something that the world did not possess before.

What fundamental ideas did the house come to represent? One of them was research work!

Long before it could well afford to do so, the company spent thousands upon thousands of dollars in original investigation. In the early days, for example, when the vegetable materia medica played a larger role than it does now, we were instrumental in placing many new plant drugs at the disposal of the physician. Twenty-one of these drugs subsequently became official in the National Formulary and the United States Pharmacopoeia.

Later on, in the orderly evolution of the materia medica, original work was undertaken in the realm of chemical and biochemical investigation, and this resulted in the discovery of a considerable number of medicinal agents that proved of distinct

value to the physician. Of many such products we need mention only Adrenalin, to suggest the importance of these introductions.

During the last twenty-five years our researches have been especially devoted to subjects in the field of biological and glandular therapy. As early as 1894, indeed, we established a laboratory for the production of antitoxic serums, and since that time we have developed a research staff unequaled by any other commercial organization, and unsurpassed, perhaps, by any agency in the realm of medical investigation.

It is not our purpose to enumerate the new vegetable, chemical, biological and glandular products that we have introduced to the medical profession from time to time. Our object is merely to indicate the part we have played in the development of the materia medica during the last fifty-two years.

From the very first we have dedicated ourselves to original investigation. And not always has it been the object of our research work to turn out marketable products. We have frequently spent large sums in exhaustive investigations which in all probability would never lead to any commercial advantage, but which were undertaken with the primary desire to be of service to the medical profession and to humanity.

## PARKE, DAVIS & COMPANY

# THE JOURNAL

OF THE

## Indiana State Medical Association

Owned, Published and Controlled by the Indiana State Medical Association

ISSUED MONTHLY under the Direction of the Council

VOLUME XII  
NUMBER 7

FORT WAYNE, IND., JULY 15, 1919

PER YEAR \$1.50  
SINGLE COPY 20 CENTS

### CONTENTS

ORIGINAL ARTICLES		PAGE	EDITORIALS		PAGE
Vaccines and Serums—Their Use and Abuse. B. W. Rhamy, M.D., Fort Wayne, Ind.....		179	Endocrine Dysfunction .....		192
Differential Diagnosis of Affections of Right Upper Abdominal Quadrant. J. Sater Nixon, M.D., Kokomo, Ind. ....		183	Catgut Sterility .....		192
Differential Diagnosis between Lesions of the Gallbladder and Stomach. B. P. Weaver, Fort Wayne, Ind.....		186	Editorial Notes .....		193
Premature Alopecia. Orville E. Spurgeon, M.D., Muncie, Ind. ....		191	SOCIETY PROCEEDINGS		
			Indiana Academy of Ophthalmology and Oto-Laryngology..		203
			MISCELLANEOUS		
			Deaths .....		198
			News Notes and Personals.....		199
			The Truth about Medicines .....		203
			Book Reviews .....		204

NEXT ANNUAL SESSION, INDIANAPOLIS, SEPT. 24, 25, 26, 1919.

LIST OF OFFICERS AND COMMITTEES ON ADV. PAGE 2.

ENTERED AS SECOND CLASS MATTER, JANUARY 20, 1908, AT THE POSTOFFICE AT FORT WAYNE, INDIANA, UNDER ACT OF CONGRESS OF MARCH 3, 1879. ACCEPTED FOR MAILING AT SPECIAL RATE OF POSTAGE PROVIDED FOR IN SECTION 1103, ACT OF OCTOBER 3, 1917, AUTHORIZED OCTOBER 18, 1918.

### JUST READY

## UROLOGY—PEDERSEN

**T**REATMENT—Every modern method, explained in detail and illustrated mostly with original photographs and with far more space and care devoted to complications than in most works—in this lies the strength and advantage of Dr. Pedersen's new book.

Under each disease you get full details on Anatomy, Etiology, Bacteriology, Pathology, Symptomatology, Diagnosis and Differential Diagnosis and Treatment. Then each complication is taken up and dealt with in turn. This practical arrangement greatly facilitates the work of the practitioner who thus can instantly turn to, for example—Posterior Urethritis, Cowperitis, Prostatitis, Vesiculitis, Pyelitis, Cervicitis, Salpingitis, Cystitis, etc., and have before him full information as to course, stages, etc., and measures of choice, and finally—the standard of cure stated in a separate paragraph.

Not only is treatment by drugs and chemical methods fully discussed, including prescriptions, irrigation, instillation, etc., but also physical treatment—hydrotherapy, heliotherapy, electrotherapy, roentgen rays, etc. The technic of all operative procedures and instrumentation is carefully explained and illustrated. Serum and vaccine therapy are fully covered as are prophylactic and abortive measures.

Under Diagnosis full directions are given for Physical Examination, Laboratory Examination, including smears, cultures, etc., and multiple glass tests, urinalysis, serum diagnosis, complement fixation, etc. Gonococcal Infection in the Female and Complications and Sequels are covered in two separate chapters. Sixty-six pages are given to Urethroscopy and fifty-eight pages to Cystoscopy, covering thoroughly indications, equipment and technic. A separate chapter is devoted to each of these subjects—the Bladder—Ureters and Renal Functional Tests, including Hematology, etc.—Acute and Chronic Suppurative Inflammations of the Renal Pelvis and Parenchyma—and the Diseases of the Prostate.

By VICTOR C. PEDERSEN, M.D., F.A.C.S., Major, M. C., Visiting Urologist to St. Marks Hospital, etc. Octavo, 991 pages, with 362 engravings and 13 colored plates. Cloth, \$7.00 net.

PHILADELPHIA

LEA & FEBIGER

NEW YORK



# THE INDIANA STATE MEDICAL ASSOCIATION

Next Annual Session, Indianapolis, September 24, 25 and 26, 1919

## OFFICERS AND COMMITTEES FOR 1919

President.....W. H. STEMM, North Vernon  
 First Vice-President.....L. L. WHITESIDES, Franklin  
 Second Vice-President.....STEPHEN B. SIMS, Frankfort  
 Third Vice-President.....H. B. HILL, Logansport  
 Secretary-Treasurer.....CHARLES N. COMBS, Terre Haute  
 Executive Secretary, FREDERICK E. SCHORTEMEIER, 314 Hume-Mansur Building, Indianapolis.

## SECTION OFFICERS

Surgical Section—Chairman, Goethe Link; Vice-Chairman, H. K. Bonn; Secretary, H. O. Shafer.  
 Medical Section—Chairman, V. V. Cameron; Vice-Chairman, A. C. Kimberlin; Secretary, Jane Ketcham.  
 Eye, Ear, Nose and Throat Section—Chairman, John R. Newcomb, Indianapolis; Secretary, E. M. Shanklin, Hammond.

## DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION

For one year (term expires December 31, 1919), Charles Stoltz, South Bend; Albert E. Bulson, Jr., Fort Wayne. Alternates, E. E. Evans, Gary; H. B. Hill, Logansport. For two years (term expires December 31, 1920), Joseph Rilus Eastman, Indianapolis. Alternate, Miles F. Porter, Fort Wayne.

## COUNCILORS

Chairman, G. W. H. Kemper, Muncie.

### DISTRICT

TERM EXPIRES  
 1st—J. Y. Welborn, Evansville.....December 31, 1920  
 2d—J. B. Maple, Shelburn.....December 31, 1918  
 3d—Walter Leach, New Albany .....December 31, 1919  
 4th—A. G. Osterman, Seymour.....December 31, 1920  
 5th—Spencer M. Rice, Terre Haute.....December 31, 1918  
 6th—O. J. Gronendyke, Newcastle.....December 31, 1919

### DISTRICT

TERM EXPIRES  
 7th—T. B. Eastman, Indianapolis.....December 31, 1920  
 8th—G. W. H. Kemper, Muncie.....December 31, 1921  
 9th—William R. Moffitt, Lafayette.....December 31, 1919  
 10th—E. M. Shanklin, Hammond.....December 31, 1920  
 11th—G. G. Eckhart, Marion.....December 31, 1918  
 12th—E. E. Morgan, Fort Wayne.....December 31, 1919  
 13th—H. M. Miller, South Bend.....December 31, 1920

## COMMITTEES

COMMITTEE ON ADMINISTRATION AND MEDICAL DEFENSE—Permanent Members, President (W. H. Stemm, North Vernon) and Editor and Manager of THE JOURNAL, Albert E. Bulson, Jr., Fort Wayne; E. M. Shanklin, Hammond (term expires December 31, 1921); Frank B. Wynn, Indianapolis (term expires December 31, 1920); George R. Daniels, Marion (term expires December 31, 1919).

COMMITTEE ON SCIENTIFIC WORK—H. O. Shafer, Rochester; Jane Ketcham, Indianapolis; E. M. Shanklin, Hammond; Charles N. Combs, ex-officio, Terre Haute.

COMMITTEE ON PUBLICATION—The Council and A. E. Bulson, Jr., Fort Wayne.

COMMITTEE ON CREDENTIALS—George W. Spohn, Elkhart; P. C. Bente, Greensburg; F. E. Schortemeier (executive secretary) Indianapolis.

COMMITTEE ON NECROLOGY—G. W. H. Kemper, Muncie.

COMMITTEE ON SCIENTIFIC EXHIBIT—B. D. Myers, Bloomington; Bernard Erdman, Indianapolis; A. G. Osterman, Seymour; H. W. McDonald, Newcastle; William A. Thompson, Liberty; A. E. Bulson, Jr., Fort Wayne; F. E. Schortemeier (executive committee) Indianapolis.

COMMITTEE ON ARRANGEMENTS—C. H. McCaskey, Indianapolis, Chairman; Clarke Rogers, Indianapolis, and A. L. Marshall, Indianapolis.

# FREE

Sterile  
Specimen  
Containers  
Slides  
Culture  
Media and  
Complete  
Fee Table  
on request

Write or  
Wire

# Clinical Laboratory Analyses

The kind of clinical laboratory work that commands respect

Wassermann and other complement fixation tests ...\$5.00

Autogenous Vaccines. In single vials or ampules ..\$5.00

Lange Colloidal Gold test of Spinal fluid .....\$5.00

Tissue Diagnoses. Frozen section, paraffin or celloidin \$5.00

ABDERHALDEN PREGNANCY and other  
Abderhalden reactions.....\$5.00

MILK, FOOD, SANITARY AND TOXOLOGICAL INVESTIGATIONS

Accurate Analyses of All Secretions, Excretions and Body Fluids

ESTABLISHED BY  
DR. M. HERZOG  
DR. H. C. SWEANY  
DR. MEYER D.  
MOLEDEZKY  
DIRECTOR

*Laboratory of*  
**PATHOLOGY AND BACTERIOLOGY**  
THE MOST MODERN EQUIPPED LABORATORIES IN THE U.S.

1130 MARSHALL FIELD ANNEX—25 E. WASHINGTON ST.

PHONE  
RANDOLPH  
6552-6553  
CHICAGO  
ILL.

# THE JOURNAL

OF THE

## INDIANA STATE MEDICAL ASSOCIATION

DEVOTED TO THE INTERESTS OF THE MEDICAL PROFESSION OF INDIANA

ISSUED MONTHLY under Direction of the Council

ALBERT E. BULSON, Jr., B.S., M.D., Editor and Manager

OFFICE OF PUBLICATION: 406 West Berry Street, FORT WAYNE, INDIANA

VOLUME XII

FORT WAYNE, IND., JULY 15, 1919

NUMBER 7

### ORIGINAL ARTICLES

#### VACCINES AND SERUMS—THEIR USE AND ABUSE \*

B. W. RHAMY, M.D.  
FORT WAYNE, IND.

Like other newer methods or vagues vaccines and serums have had their day of exaggerated expectation and at the present time are looked on with widely divergent views by members of the medical profession. Men with wide clinical experience are using them properly and in the right cases as routine therapeutic measures and know their limitations. A few men still give them exaggerated value while others have thrown them in the discard as of little or no value. Again one in touch with users of vaccines and serums is struck with the looseness with which these terms are handled. It has been the writer's experience that vaccines are called serums just as often as they are called vaccines. Perhaps the man so doing is thoroughly familiar with vaccine therapy and intermingles these terms thoughtlessly, but to a stranger this might indicate a wanton lack of knowledge. Whatever their limitations, vaccines or immunotherapy has a valuable place today in the ranks of our therapeutic agents, and the principles on which it is based are firmly established, so that it is imperative that every physician be thoroughly familiar with these principles in order to get the proper benefit from their use.

What, then, are vaccines, also called bacterins, and what are serums and what are they for? Answer: The substance of a serum is the fluid part of some animal's blood. Vaccines or bacterins are emulsions of dead bacteria in

water. It is a well known fact that one attack of certain infectious disease (for example, smallpox) brings about a change in the individual's being which protects him against further attacks. In other words, he is immune. This immunity which may be permanent or temporary, depending on the disease, is due to the fact that the body tissues are capable by nature of resisting destruction, not only by regeneration but also because of the fact that on contact with foreign invading matter they have the power of creating and mobilizing resisting forces, called antibodies, whose functions are to protect the tissue cells by destroying the invading matter and neutralizing its poisonous products. There is no doubt that man as well as other animals possesses a certain amount of natural immunity to all infections. In the light of our present knowledge concerning these processes, there is no doubt that if man's natural resistance to all infections was up to normal at all times he never would become infected. Unfortunately this desirable state is not maintained and occasionally from some cause, like shock, exhaustion, sudden variations of temperature in different parts of the body, etc., this natural resistance is lowered and the individual may then become the prey for any pathogenic bacterium lurking in his vicinity. When such an invasion occurs the system is either paralyzed by the infection or it reacts to the shock and gathers together its forces to resist, overcome and destroy the invader. When the body succeeds in throwing off an infection it means that the tissues have created and brought together a sufficient number of antibodies to accomplish this end. When, however, the fight goes the other way, then the physician comes to aid in destroying the infection, especially in an acute case by introducing a large dose of antibodies in the form of serum containing preformed antibodies, or, and especially in chronic cases, he

\* Read by invitation before the Tri-State Medical Society, LaPorte, Ind.



attempts to stimulate the formation of antibodies within the individual by injections of vaccines or bacterins. It is well again to emphasize the difference between these two biologic remedies. The serum, or rather antitoxic serum, contains the antibodies already preformed in the blood of the horse from which it is taken. The known healthy animal was previously subjected to a course of vaccine treatments, i. e., periodic injections of dead bacteria for the purpose of greatly increasing the antibodies in his serum. An injection then of this antitoxin-containing serum introduces at once a large amount of preformed antitoxin and is indicated whenever the body is subjected to an acute infection which paralyzes the antibody-making forces. This is especially the case in diphtheria or tetanus where the system is overwhelmed with toxins. The vaccines, on the other hand, are suspensions or emulsions of the germs producing the infection, killed by heat at 55 degrees C., and are injected in graduated doses, just as they were given to the horse for the purpose of causing the tissues to react to their stimulation and thereby elaborating antibodies in the patient's own blood. The range of diseases subject to this treatment has been found to cover the whole field of diseases of germ origin, whether cocci, bacilli or fungi. In the discussion of this method of treatment the essential thing is that we get such a thorough conception of its capabilities and its limitations that we do not let ourselves expect impossible results. We must, therefore, keep in mind that when we have recourse to vaccine therapy we do not furnish the body with the needed protective substances as in the case of antitoxic serums but rather inject a stimulus, which under favorable conditions tends to promote the production of such substances, and if we are not immediately successful in bringing this about we must patiently follow out an indefinite program of trench warfare, i. e., of periodic injections fighting step by step to reduce the force of the enemy. We must, too, remember that although by persistent effort we succeed in destroying all but a remnant of the infection, this remnant may again flare up from some untoward cause just as the original infection behaved; also that the site where one infection exists is fine breeding ground for secondary infections by other pathogenic organisms. For this reason it is imperative that from time to time bacteriological examinations of the infected discharges be made and if any secondary infections show up, they

must be added to the vaccine. Vaccine therapy is not a panacea, and success in this method of treatment presupposes that the patient is not already overwhelmed with toxins, the fundamental principle being that the patient has the ability to react to the stimulation and to form antibodies. With proper attention to details this treatment will give a fair degree of success in the hands of any intelligent physician. Each case requires careful attention and study, a microscopic and cultural diagnosis being always necessary in order to make, if possible, an autogenous vaccines or to know what stock vaccine to use. There is at present urgent need for more careful selection of vaccines, and more careful regulation of their doses and of the time between doses. The indiscriminate use of stock vaccines without at least proper determination of the nature of the infection is a procedure that cannot be too strongly condemned. Of course, the use of stock vaccines is proper when cultures cannot be obtained for autogenous vaccine, but to obtain in the long run the best results, scientifically prepared autogenous vaccines should be used in all cases possible.

To secure a good vaccine one must have an active culture taken from the site of infection and, as is often the case where there are two or more pathogenic bacteria present, each showing activity, it is necessary to have each one represented in proper dosage in the vaccine. Likewise the vaccine must be modified from time to time to correspond to any changes in the bacterial content of the discharges. These mixed or polyvalent autogenous vaccines are entirely proper, but I want to sound a warning that physicians should not allow themselves to fall into the easy error of using a polyvalent stock vaccine indiscriminately and especially without knowing exactly what kind of infection he is dealing with. Another important point to be remembered is that in order to get the desired results there must be sufficient blood and lymph supply to the infected area in order that the blood serum with its antibodies and phagocytes may have free contact with the bacteria. An effort should therefore be made, when necessary, on account of the site of infection, to increase the blood supply to the infected part. For this purpose the internal administration of sodium citrate, 10 to 15 grains, three times a day, and the application of heat, massage and other methods to produce hyperemia are useful. As to dosage, one group of investigators, in-

cluding Wright, believe that the ideal treatment consists in giving a repetition of small doses, i. e., doses that will not produce a noticeable reaction. In tuberculin treatment, for instance, Wright never goes above  $\frac{1}{500}$  mg. of new tuberculin. Another method is to begin with small doses and gradually increase until large doses are administered. Some men believe that large doses should be given, contending that reactions are desirable. The majority, however, believe that whether small doses or increasing doses are given the reaction is undesirable. My own procedure is: given a vaccine with the proper strength, to start with a small dose (4 to 5 minims) and increase gradually (1 to 3 minims) at each dose to the point of tolerance, which is just under the dose which will produce a noticeable reaction and always observing the maxim that "the larger the dose the longer should be the interval between doses." I make one exception, however, to this rule. Occasionally, I recognize that where there is a sluggish infection, or one at a point not well supplied with blood it is sometimes well to stir it up, i. e., "start something" by a good stiff reaction-producing dose. I also believe that where there is a marked acute infection with low resisting power of the blood as shown by low leukocyte and polynuclear counts, it may be worth while to try to bring about a "crisis," if you please, in the blood-making forces, with a large dose. This can readily and safely be done by having an autogenous lipovaccine made in the case the ordinary auto-vaccine does not produce desired results. In general, it may be said that in chronic and localized infections large doses with long intervals of six to fourteen days are advisable, while in acute or generalized infections small doses with short intervals of two to four days are best. I have found a tendency among physicians to push vaccine treatments by giving larger doses than prescribed and shortening the interval between doses. I prescribe a certain dose to be given at seven to ten-day intervals and later hear that they have been given as often as every day. This is all wrong, for the reason that following a dose of vaccine there is a period of depression of resistance and the larger the dose the longer this lasts. This depression, or so-called negative phase, is followed in from twelve to twenty-four hours, depending on the size of the dose, by a gradual rise in resistance and if the dose of vaccine is right and the interval between doses properly regulated, the resistance should rise a little higher each

time, providing that no outside causes for relapse occur. On the other hand, if another dose of vaccine is given before the negative phase is over, a new depression occurs and the result is that the vaccines are theoretically pushing the resistance lower each time instead of tending to raise it. There is, in my opinion, no doubt that when injected in proper doses and at suitable intervals its tendency is to cure or greatly shorten the life of an infectious process. Even in diseases ending in crisis, such as typhoid fever and pneumonia, it will tend to shorten the period of illness and prevent sequelae. Localized infections on the whole respond better than systemic infections, but my experience leads me to believe that systemic infections can be combated by the combined use of both vaccines and antitoxic serums, the vaccines to be given in very small doses, every other day and the serum in large doses. The site of the localized infection has a lot to do with the impression vaccines will make on it, as one readily accessible to the blood stream is more tractable than one located in an area with a poor blood supply. For instance, vaccines would have little effect on pyogenic organisms in an abscess in a tooth or a pus pocket on the root of a tooth. And even in the affection accessible to the blood stream the results will not always be uniform or satisfactory for one case may give striking results while a similar case may show no improvement whatsoever. Nevertheless, speaking particularly as to gonorrheal infections, it is my firm belief that the treatment of gonorrhea should consist in internal medication with autogenous vaccines to the absolute exclusion of urethral injections. My experience from contact with many such cases has proven conclusively to me that vastly more harm has been done to the patients by urethral injections than good and I believe that the urethra should be let absolutely alone except when necessary to dilate strictures. In infections of the respiratory tract, both tubercular and nontubercular, vaccine treatment has a wide field of usefulness not only in the primary pyogenic infections, but also for the secondary infectious in consumptives. As to acute pneumonia, if the infection by Type I, then large doses (100 c.c.) of Type I antipneumococcic serum intravenously every twelve to sixteen hours acts almost like a miracle, while in Types II, III and IV an autogenous vaccine works best as it does in all the types if the infection be chronic. In infections of the urinary



tract hexamethylamine internally with autogenous vaccines is the ideal treatment. Here I want to caution physicians that in collecting urine for vaccine it must be collected in a bottle that has been boiled, and drawn with a catheter that has been sterilized by boiling. For other sites of infection it is much better for the clinician to make the cultures first hand rather than send discharges through the mails; or, better still, send the patient to the laboratory. Any laboratory will supply the necessary culture media with instructions, on request. Sometimes it is not possible to obtain a culture either on account of inability to grow and isolate the principal organism, or it may be that in an acute case the necessary culture work would take too long. In these cases it has been my practice to make an emulsion of the pus or infected discharge and inject it in graduated doses. The idea of using "pus emulsions" originated in my own laboratory in 1909, and published in this JOURNAL in my article in the January, 1911, number. Having in mind the practicability of this procedure and favorable reports on the efficacy of both the vaccine treatment and the sterile leukocyte emulsion as reported by Hiss, Wilcox and Morgan in 1908, I conceived the idea of using the pus as a vaccine in cases of gonorrhea and have since extended it to include the discharge from any infection. The autogenous pus emulsion is made by taking the pus or other germ-infected body fluid, diluting it with 0.25 to 0.5 per cent. tricresol, breaking up the cells in a shaking machine, and sterilizing this material at 55 to 60 degrees C. for thirty to sixty minutes. The emulsion is standardized by a count of the pus cells and bacteria and in this form contains the bacteria, leukocytes, ferments, antibodies, toxins, etc. If desirable, a culture can also be made and by adding an emulsion of this culture to the pus emulsion the bacterial content can be increased as desired. For use this "strong emulsion" is diluted so that 1 c.c. will contain from one-half to one million cells. Pus emulsions are especially valuable in gonorrhea and puerperal sepsis. In the latter the discharge is obtained from the uterus in the following manner: Wash out the vagina thoroughly with a mild antiseptic solution, then with a sterile pipette or syringe with a long thin nozzle engaged in the mouth of the cervix, suck out a quantity of the germ laden mucoid secretion and place it in a sterile bottle. With a little patience a sufficient quantity (a dram or more) can be ob-

tained in this manner. An emulsion is then made from this. In streptococcus or influenza infections of the ear or elsewhere in which no time can be lost in getting at the treatment this method is especially valuable. In mixed infections of the lung, including tuberculosis, emulsions can be made from the expectorated bronchial mucus. In this way autogenous tubercular treatment can be given with minimum expense. The patient's mouth and throat are rinsed out thoroughly and the bronchial expectoration coughed into a sterile wide-mouth bottle, one or two characteristic expectorations being sufficient. Of course, these discharges from which the emulsions are made must be fresh and if it is not possible to put them in the hands of a serologist within a couple of hours, then an equal quantity of one-half per cent. carbolic acid should be added to prevent germ growth. If this is done, the physician must be cautious not to make the carbolic acid stronger than 0.5 per cent. or the material might be spoiled. In recent discussions on vaccine therapy some criticism has been directed against their specificity and their value. In my opinion much of this criticism is the result of the misuse of vaccines and misconception of their possibilities. A reaction following an injection of vaccine consists of chills, fever, hyperemia and hyperleukocytosis. It has been found that the injection of any foreign protein will produce the same reaction and that after such a severe reaction following protein injections, improvement is apt to follow an infectious process. In other words, it may have the same curative effect which we expect from specific vaccines. Clinicians have drawn the conclusion from this that after all vaccines are not specific. 1. Let me say that the indiscriminate injection of such a foreign protein with its resultant marked reaction is a very dangerous procedure unless in ultraskilled hands. 2. As specific vaccines have been shown conclusively to have prophylactic powers, as for example, prophylactic vaccination against typhoid fever, as well as curative powers, and as their reactions have not, as a rule, the dangerous possibilities of the foreign proteins, viz., anaphylaxis, etc., it is just good common sense to use the vaccines for their combined curative and protective properties irrespective of their specificity. 3. Clinicians should leave to the research men the problem as to their specificity, and just so long as the research men adhere to the theory of specific immunity just so long should the clinician ac-

cept it rather than to jump at some freak reaction. The hyperleukocytosis following vaccine injection is of course not the specific reaction. The specific reaction is the formation of antibodies, agglutinins, opsinins, lysins, etc., and of course a hyperleukocytosis following any protein injection ought to be beneficial, for a hyperleukocytosis is a necessary concomitant in combating an infection, but McWilliams<sup>1</sup> showed that the same degree of hyperleukocytosis followed infection of typhoid vaccines in rabbits immunized to typhoid as well as nonimmune rabbits and further that typhoid immune rabbits showed the same grade of hyperleukocytosis following injection of colon bacillus vaccine as typhoid vaccine. But Teague and McWilliams,<sup>2</sup> as the result of extensive experiment, showed that this nonspecific injection, especially when given intravenously, affects the blood capillaries as to allow bactericidal antibodies to be transferred from the blood to the lymph or tissue fluids more readily, and in so doing renders a subsequent specific vaccine therapy much more effective. Thus they rendered rabbits more resistant to typhoid by preliminary injection of *Bacillus coli* vaccine followed by typhoid vaccine. Other men had produced like effects in gonorrhea by injecting proteoses or colon vaccines or meningococci vaccine, but they did not recognize the reason and thought that the gonococcus vaccine was not specific. As to so-called sensitized vaccines, Stoner<sup>3</sup> showed that the reactions following ordinary autogenous vaccines and those following sensitized vaccines were so nearly alike that one had no advantage over the other, any difference being due to idiosyncrasies of individuals and therefore there was no reason for using sensitized vaccine (which are difficult to obtain) instead of autogenous vaccines. In conclusion let me say, do not expect good results unless you use vaccines according to the established rules. Use all other measures in addition, which you know are beneficial. Do not inject too often and do not overwhelm the patient by giving excessive doses. Do not use the same skin area for repeated injections. Your patient will be more comfortable if you change the site of injection. Do not condemn the method if the results do not equal your expectations, but carefully determine if you are using the proper vaccine properly and if you are doing everything that can be done to help the treatment along.

## DIFFERENTIAL DIAGNOSIS OF AFFECTIONS OF RIGHT UPPER ABDOMINAL QUADRANT

J. SATER NIXON, M.D.  
KOKOMO, IND.

There is no limited region of the human body presenting symptoms which can be referred to so many different organs as the right upper abdominal quadrant. Anatomical considerations give the reason for this, i. e.: If we select a point represented by the intersection of the outer border of the right rectus muscle and the costal margin, within a radius of a few inches will be met portions of the liver, gallbladder, bile ducts, kidney, hepatic flexure of colon, duodenum, pancreas, pyloric end of stomach and frequently the distal end of an abnormally long or high appendix. Hence the importance to the physician to be able to differentiate and refer to their proper origin the multitudinous symptoms arising in the quadrant, and to know those essential characteristics which clearly distinguish their origin.

With very few exceptions, the presenting symptoms of affections of the right upper abdominal quadrant are those of stomach trouble, i. e., "dyspepsia." Vanderhoof<sup>1</sup> in a study of 1,000 cases of indigestion found that appendicitis was the causal factor in approximately 25 per cent.; cholecystitis in 10 per cent.; peptic ulcer in 10 per cent.; neurosis in 10 per cent.; cancer in 5 per cent.; visceroptosis and intestinal stasis in 10 per cent.; while miscellaneous affections of the kidneys, lungs, eyes, etc., constitute approximately 30 per cent. Heyd<sup>2</sup> in formulated statistics, states that approximately 40 per cent. of cases of so-called indigestion are due to diseases within the abdomen, but arising from other organs than the stomach; that 40 per cent. are due to causes entirely without the abdomen, and that only in the remaining 20 per cent. is there organic disease of the stomach.

It is impossible in limited space to consider both the acute and chronic conditions peculiar to the right upper abdominal quadrant, with all of the prolific possibilities, I will, therefore, confine myself to the more common chronic conditions.

The cardinal clinical symptoms which we meet arising from conditions in the right upper abdomen, are pain, vomiting, hemorrhage and jaundice, hence a complete history is the first

1. J. Immunol., April, 1916.  
2. J. Immunol., June, 1917.  
3. J. Immunol., October, 1916.

1. Vanderhoof, D.: Bull. Johns Hopkins Hosp., 1915, XXVI, 153.  
2. Heyd, C. G.: Am. J. M. Sc., Philadelphia, 1918, CLV, 703.



and most essential step in the differential diagnosis. The sequence and combination of symptoms are so typical in some usual conditions that if we could arrive at a correct statement of them, the key to the conditions would be in our hands. In the history one should bring out, if possible, the primary or etiological source of the present trouble, i. e., whether infectious, chemical, traumatic or what not. When one thinks of the many diversified opinions promulgated by able investigators regarding the causation of diseases, especially of the organs under discussion, it would seem impractical to attempt to determine the cause of the case in question. However, if you will ever bear in mind the rôle which some investigators give to alcohol in duodenal and kidney disease; the streptococcal origin of certain gastro-intestinal troubles and the fact that this infective organism may spread from an infected focus, as detailed by Billings, Rosenau and others,<sup>3, 4</sup> or any other more or less recognized theory, he may find one typical of his case, or be able to make certain deductions which will be of material benefit in the diagnostic summing up.

In obtaining the personal history, both past and present, after directing the patient in the proper channel, it is better to allow him to recite his history uninterrupted. The failure in obtaining a good history is oftentimes due to the doctor rather than to the patient, the former in the attempt, with all dignity, to follow a definite and prescribed form of history taking, usually causes the patient to become reticent and uncommunicative, or else frightened to the point where he will admit anything in order to end the ordeal. By giving the patient leeway, he may wander greatly into the nonessentials and tax one's patience to the limit, but if he possesses any intelligence at all, following a few well-put questions by the physician, he will again pick up the proper thread. One is oftentimes wonderfully impressed by interpretations made by the patient from his own symptoms.

In peptic nonperforated ulcer, pain is usually periodic, with irregular intervals, localized to a point just beneath the xiphoid cartilage, and often seasonal, i. e., spring or fall, and fairly well tolerated. If the characteristic pain is felt within some minutes to an hour after food ingestion, then the ulcer is probably located in the stomach; while if it is of the same character, burning or boring, periodic, localized and definite as regards time, being from one to five hours after eating and relieved by food intake,

then a duodenal ulcer may be suspected. The "hunger pain" or vague nervous weakness often described in cases of peptic ulcer are very characteristic.

Pain arising from stomach or intestinal cancer is *constant* and moreover it is unrelieved by food intake or vomiting. An ulcer patient usually craves food to relieve pain, while the cancer patient has a marked distaste for food with particular aversion to beef. Perforated ulcer gives the usual signs of peritonitis.

Pain from biliary tract disease is neither periodic nor dependent on food ingestion, however, the intake of certain greasy foods, such as pastries, fat meat, etc., may occasion a feeling of fullness and discomfort in the upper abdomen followed by a chilly or goose-flesh sensation. Occasionally there is a complete cessation of this indigestion with intervals of gastric rest. In the presence of gallbladder calculi, when the stone attempts exit, the patient is attacked with sharp, shooting or agonizing pains in the right upper quadrant coming up without premonition usually, however at times there is an aura, or a feeling of unusual well being. The pain is at first hard to localize, inasmuch as the whole upper right abdomen seems to be in a state of torment, ultimately, however, the pain will localize usually to the right of the ensiform cartilage along the rib margin, but even so is not so circumscribed as in peptic ulcer. The pain in the former radiates to the right shoulder or just beneath the right scapula and may traverse the abdomen transversely, and at times downward toward the left thigh, rather than toward the right or to the twelfth dorsal as in peptic ulcer. It has none of the characteristics of hunger pain nor is it relieved by food ingestion. (Here it might be well to mention the little expedient of giving the patient a glass of milk, if pain is due to peptic ulcer, the milk will relieve the attack, but if due to gallbladder disease, it has no effect.) The attack of pain usually lasts from four to twenty-four hours, and almost invariably so severe as to require morphin, hot applications and flexing of body for relief.

The pain in kidney calculi is also agonizing but it is not epigastric in location as in bile tract disease and in this condition one is usually able to elicit in the history, frequent attacks of lancinating pains in the kidney region, which are aggravated by motion. This, however, is not always true, as will be explained later.

Apart from other confirmation, the factors of type, location and time of pain will often differentiate between intestinal tract, biliary and renal disease giving upper quadrant symptoms.

3. Billings, F.: *Focal Infections*, New York & London, 1916.  
4. Billings, F.: *J. A. M. A.*, 1916, LXVII, 847.

With regard to nausea and vomiting, the history will show whether the patient finds his pain relieved or uninfluenced by vomiting, and at what time it is more likely to occur.

Vomiting in gastric ulcer is not constant, it relieves the patient from pain when it occurs within the time limit for food in the stomach. In ulcer the vomitus usually shows blood either macroscopically or microscopically. Vomiting is an early and fairly constant symptom of bile tract disease and is very important in kidney disease.

Hemorrhage in the vomitus or stool is indicative of gastro-intestinal ulcer or cancer. In kidney calculus there usually is hematuria, while in bile tract disease there is none.

Jaundice is an essential symptom of bile tract disease, but it must be remembered that duodenal ulcer near Vater's ampulla, pyloric cancer, or any other condition causing pressure on, or obstruction of the bile ducts will cause jaundice. This symptom alone must be fully corroborated before diagnosing biliary essential disease. In kidney disease there is no jaundice. When jaundice is a symptom, we must bear in mind Courvoisier's law,<sup>5</sup> "In cases of chronic jaundice, due to blocking of the common duct, contraction of the gallbladder is due to stone; a dilatation of the gallbladder shows that the obstruction is due to other causes than stone." In a series of eighty-six cases treated by Cabot,<sup>6</sup> there were only four exceptions to Courvoisier's law.

In addition to the definite pain-picture, cardinal clinical symptoms as mentioned in the preceding paragraphs, elicited in the history will give valuable differentiating information. But there are other special means to differentiate to which I will refer briefly:

1. In peptic ulcer the history will often show that pain, while preserving its periodicity, was gradual in onset and there were periods when the patient was entirely free; the recurring condition being precipitated by worry, over-work, or some indiscretion of diet. According to Smithies<sup>7</sup> periodicity is present in 85 per cent. of ulcer, and absent in 99 per cent. when the ulcer becomes cancerous. In recent ulcers, there is usually hyperacidity, but in old ones, sub-acidity is more frequent. Moynihan<sup>8</sup> says that persistent recurring free hydrochloric acid is a sign of duodenal ulcer.

2. Irrespective of the presence of calculi in disease of the gallbladder, the history of a large

number of cases will be found to present composite pictures, in which three well defined pathological stages are seen, which clinically may be translated into three subdivisions as follows:

(1) When the disease is confined to the gallbladder with referred stomach symptoms; Judd,<sup>9</sup> recently dealing with the co-existence of duodenal ulcer and cholecystitis states that in these cases, it is probable that the cholecystitis is secondary to the duodenal condition; (2) when there are attacks of biliary colic; (3) when the common duct is obstructed, with the consequent jaundice, chills and fever. The general symptomology of cholecystitis with or without gallstones, simulates that of peptic ulcer, but the pain is colicky and independent of food ingestion and after the crisis, there is tenderness in the right side beneath the costal margin. The history generally shows chills and fever accompanying the crises.

It should be remembered that only 75 per cent. of biliary tract disease is associated with calculus. A cholangitis due to a pyogenic infection may exist as shown by Gerster<sup>10</sup> quite independently of calculus, and the latter may result later, on account of it and be merely a symptom. Aoyama<sup>11</sup> has shown that cholesterol stones can be formed in a gallbladder without infection. These pure cholesterol stones may give rise to secondary acid disturbances in the stomach as shown by Ohly.<sup>12</sup>

3. Chronic pancreatitis is I believe more common than usually considered. Every operator of today in the course of an upper abdominal operation will invariably explore the gallbladder for disease, if which exploration is not contra-indicated by infection or some other cause, but how many of us so invariably explore for pancreatic disease even in the presence of infection of the biliary tract. Mayo<sup>13</sup> in 325 operations on the common duct found the pancreas involved in 22 per cent. Deever<sup>14</sup> found pain the most constant symptom, being absent in only three out of thirty-eight cases without gallstones. Nausea, vomiting and jaundice are less frequent, the latter when present being somewhat characteristic on account of its long duration and its gray, dusky-brown hue. The pain varies from a dull ache to a sharp lancinating pain referred to the epigastrium midway between the ensiform cartilage and umbilicus and extending from 1 to 1½ inches on either side of the median line. The patient often describes it as deep seated in

9. Judd: Boston M. & S. J., 1916, CLXXIV, 815.

10. Gerster: Surg., Gynec. & Obst., 1912, XV, 572.

11. Aoyama: Deutsch. Ztschr. f. Chir., 1914, CXXXII, 234.

12. Ohly: Arch. f. Verdauungskr., 1915, XXI, 128.

13. Mayo, W. T.: Surg., Gynec. & Obst., Chicago, December, 1908.

14. Deever, I. B.: J. A. M. A., 1911, LVI, 1079.

5. Courvoisier, L.: Beitr. path. chir. d. Gallenwege (monograph), Leipzig, 1890.

6. Cabot, R.: J. A. M. A., 1910, LV.

7. Smithies: Arch. Diagnosis, 1915, VIII, 147-150.

8. Moynihan, B.: Brit. M. J., Jan. 4, 1913.



the upper back or chest. To a great extent, however, the direct diagnosis of pancreatic disease is difficult and only arrived at by a process of elimination.

4. In renal colic due to kidney calculi, the pain is agonizing and sudden as in gallstone colic; but is located in the kidney region, radiating from thence, down the tract of the ureter to groin on the corresponding side. Nausea, vomiting and frequent micturition of a small quantity of concentrated or bloody urine are often accompaniments. The severe pain usually leaves suddenly, leaving an area of soreness and tenderness in the region of the kidney. In the interval between classical attacks, and oftentimes in the absence of a history of previous attacks (and these are the really difficult cases of diagnosis), the patients will complain of a feeling of heaviness and fullness anywhere between the kidney site and the lower end of the ureter, which discomfort is made worse by motion and relieved by assuming the recumbent position. These patients usually show a weakened and anemic condition in addition to the feeling of weight mentioned above, the latter of which is caused by the calculi lying dormant in the kidney. These mild symptoms may persist for years without a typical attack of nephritic colic, which is brought on by the stone attempting exit, during which attacks the pain is uninfluenced by food intake. The roentgen-ray and cystoscopic examination will usually verify the diagnosis, the preceding points usually differentiating it from gastric, duodenal or biliary disease.

The dyspepsia from chronic appendicitis, in spite of the ease with which some cock-sure physicians quickly diagnosis it, baffles one more than either ulcer or gallbladder disease. The mechanism producing the reflex stomach symptoms, no doubt in the majority of cases causes a pyloric spasm with its chain of symptoms such as pain, sickness at stomach, vomiting, hyperacidity, distension, etc. Contrary to the prevalent opinion a history of an acute appendicitis oftentimes is absent. One can usually elicit localized pain near the appendiceal site. The stomach distress is usually more or less indefinitely localized low in the epigastrium or above the umbilicus and does not have the definite localization as in biliary disease. The distress is usually aggravated by motion; relieved by attention to diet and Cammidge's urine test at least confirms a tentative diagnosis of pancreatic disease. There is hematuria in about 50 per cent. of kidney calculus cases.

The finding of occult or evident blood in the vomitus or stool in the cases of peptic ulcer or

gastric carcinoma are conclusive. For the direct examination of duodenal contents when the other data points to the duodenum, the use of the duodenal aspirating tube is very valuable.

Finally the roentgen-ray examination as is well known, will give valuable confirmatory evidence in gastro-intestinal and calculus conditions; but it is well to realize that such information is confirmatory only and must be compiled, together with the history and clinical data in order to make a definite diagnosis. The roentgen-ray findings in the upper abdominal quadrant are well treated by Leonard<sup>15</sup> in a recent article.

### DIFFERENTIAL DIAGNOSIS BETWEEN LESIONS OF THE GALLBLADDER AND STOMACH

B. P. WEAVER  
FORT WAYNE, IND.

When one stops to consider that within the limits of the breadth of the hand laid on the right upper quadrant of the abdomen there may be encompassed localized findings of involvement of about six organs, he is not surprised to find himself in the most interesting zone of abdominal surgical diagnosis. An undescended appendix, the upper pole of the right kidney, the pancreas, the pyloric end of the stomach, the first portion of the duodenum and the gallbladder are here to be reckoned with before an accurate differential diagnosis can be made.

For the purpose of this discussion there will be considered only the commoner organic lesions of the gallbladder and stomach, including with the latter, of course, the first portion of the duodenum, since the first fourth of this organ has the same embryonic origin as the stomach, both being derived from the foregut, and also because of the interesting relation between duodenal ulcer and pyloric ulcer.

Unfortunately, there is not as yet any specific test or any method of examination which is pathognomonic for disease of any of these organs, and thus is born the discussion as to what, if any, is the superior method of differentiation. We are not all so fortunate as Moynihan, who claims that the diagnosis of duodenal ulcer is so easy that it can be made by mail. Certain it is that there are many cases of duodenal ulcer that are sufficiently complicated and puzzling that Moynihan or any other good clinician would be very grateful for all the data that could possibly be obtained. The

15. Leonard, R. G. D.: *Med. Clin. N. Amer.*, 1918, I, 1007.

statement would be more nearly correct were it put in the language of Beckman when he asserts that of all the single methods of diagnosis in use at the present time for differentiating lesions of the stomach and duodenum, a carefully taken, well-interpreted history is the most valuable. We are all cognizant of the fact that any one interested in a particular line of work, such as the various laboratory specialties, must constantly be on his guard lest his enthusiasm for his particular work lead to an unwarranted diagnostic specificity. This is true not only of the findings of the ordinary clinical laboratory, but the roentgenological and experimental ones as well. While the laboratory diagnosis of cancer of the stomach is indicated nine times out of ten when there is an absence of free HCl plus Oppler-Boas bacilli, yet in 48 per cent. of the cancer series at the Mayo Clinic Eusterman<sup>1</sup> found that free HCl was noted, though in reduced amount. Now that we are acquainted with the fact that gastric cancer is so commonly engrafted on an old ulcer, it becomes very plain that he who waits for an absence of free HCl in such a case in order to establish his diagnosis of malignancy, will fall as far short of early detection as the one who waits for tumor or obstruction. Indeed, the latter symptom, obstruction, is not produced in fully 40 per cent. of pyloric and prepyloric cancers, as demonstrated roentgenographically by Carman.<sup>2</sup> Likewise, not infrequently an ulcer has been demonstrated at operation, when the acidity has been normal. Again, even with the great improvements in modern roentgen-ray equipment, Case<sup>3</sup> was able to make a positive diagnosis of gallstones in only 49 per cent. of cases proven by operation to have gallstones. By this I do not mean to decry the value of the roentgen ray or any other laboratory measures in vogue for the differential diagnosis of questionable lesions here, as elsewhere, for indeed much valuable information is very commonly obtained by these measures, that can be secured in no other way, but rather do I desire to reiterate the somewhat trite but trusty warning against allowing one's enthusiasm for any one field of work to outweigh his clinical judgment in amassing all available facts and drawing his conclusions therefrom. In discussing the respective virtues of the various methods of diagnosis in duodenal ulcer, W. J. Mayo<sup>4</sup> remarks that, were the means of diagnosis divided into four groups,

the history is of first importance, the roentgen ray second, the physical examinations (stomach tube findings, etc.) third, and the purely laboratory findings a poor fourth. The achievements of Dr. Mayo in surgery of the gallbladder and stomach afford telling evidence that, after all, the finger of the trained surgeon inside the belly must often serve as the court of last appeal in unraveling most diagnostic abdominal riddles, for his habit of carefully palpating as many of the viscera as possible in every laparotomy has doubtless served him well in clearing up previously obscure problems. In suspected lesions of the gallbladder, however, even he does not rely on his sense of palpation nor on inspection, for as both he and C. H. Mayo observe, many a diseased gallbladder presents a perfectly normal external appearance; and indeed even when the gallbladder is opened the mucosa may seem to be normal, because at times the disease is limited to one area; which condition may not be detected by merely opening and examining the mucous membrane. In such cases the cause of the symptoms remains obscure until the entire gallbladder is removed and submitted to a thorough pathologic examination. Fortunately, one of the commonest forms of cholecystitis, viz., that of the so-called strawberry gallbladder, is readily diagnosed by inspection of its mucosa, and cholecystectomy here yields excellent results in relieving the symptoms. The more variation from the strawberry type toward the normal gallbladder, the less the prospect of cure following operation, because of less certainty in the diagnosis. Mayo epigrammatically declares<sup>5</sup> that "our scientific conscience should not be satisfied by asserting, on slender evidence, that cholecystitis exists if a diagnosis of gallstones has been made and stones have not been found. The wish may be father to the thought, and the condition should not be pronounced cholecystitis without such a diagnosis being verified by the pathologist and a grade of severity established which would make it a surgical disease. We all experience humiliation," he says, "on failing to verify at operation, a diagnosis of gallstone disease or cholecystitis. These failures should be classified and recorded in the hospital statistics as 'negative explorations of the gallbladder.'" The most reliable clinical sign of cholecystitis, his brother and he have found to be the presence of markedly enlarged glands along the common duct and at the juncture between the common and cystic ducts. However, it should be remembered that these glands also drain

1. Collected Papers of Mayo Clinic, 1914.

2. *Am. J. M. Sc.*, 1914.

3. *Am. J. Roentgenol.*, May, 1916.

4. Collected Papers Mayo Clinic, 1913.

5. Collected Papers of Mayo Clinic, 1913.



the head of the pancreas and the first portion of the duodenum and hence may become enlarged from disease of these organs as well. It is this phase of the question that has been particularly interesting to me and has prompted me to bring the subject up for discussion, i. e., the frequency with which symptoms may have pointed to gallbladder disease and yet with the belly open the gallbladder seems to be normal so far as inspection and palpation of the organ itself are able to determine. I have in mind a case of my own with a history of chronic digestive disturbance which seemed attributable to a low grade of infection in either the appendix or gallbladder, possibly both. I removed her appendix but left her gallbladder because, from inspection and palpation I could not determine anything pathologic about it. She was relieved for a number of months and enjoyed better health than for a long time. Then the old train of symptoms began to recur and her gallbladder was drained. This, too, proved to give relief, but again only temporarily, and now she is a candidate for what she probably should have had primarily, viz., cholecystectomy, a procedure which more often cures an associated pancreatitis than does the temporary drainage of a cholecystostomy.

In passing it will not be out of place to mention here the frequency of associated lesions in individuals suffering from various types of abdominal pain. The close interrelation, formative and physiologic, between the appendix, hepatic system, pancreas, stomach and duodenum has been commented on by Eusterman, who says further that reflex epigastric disturbances, for example, in diseases of the gallbladder and appendix, are so frequent and may so closely mimic a true gastric or duodenal lesion that in spite of careful observation and the employment of every diagnostic agent, a safe, conclusive diagnosis as to whether or not one or more lesions are present must often depend on the surgical exploration. In the series of 778 duodenal ulcers discussed by him the appendix showed sufficient evidence of disease, remote or recent, to justify its removal in 193 cases, or 25 per cent. Involvement of the gallbladder was present in 62 cases, or 8 per cent. Thus in about one-third of all duodenal ulcers there was demonstrable associated involvement of the appendix or gallbladder or both. In 324 gastric ulcers, 53 appendices, or 16 per cent., were removed, and the gallbladder drained or removed in 15, or 4 per cent., of the cases, thus making a total of 20 per cent. of all gastric

ulcers in which there was considerable disease of the appendix or gallbladder, or both.

Beginning with the individual symptoms and findings in these various lesions, one seeks to learn from the history, the type of dyspepsia; character and location of pain; its duration and radiation when present; the relation of the symptoms to the taking of food, and of considerable importance, the methods adopted for the relief of the symptoms. In most gallbladder cases much gas is noted early following the taking of food, such condition being worse in periods, but seldom entirely absent. Reflex gastric symptoms of varying severity are constant, but do not occur in such marked attacks or spells as characterize true ulcerous conditions. Another important diagnostic point is what C. H. Mayo is pleased to call "qualitative" food dyspepsia, in which certain kinds of food, especially apples, cabbage, greases, etc., shortly after ingestion, occasion distress, colic, gas and eructations. Eusterman would divide the dyspeptic symptoms of gallbladder disease into three degrees:

1. Light attacks of distress, gas, and upward pressure, coming on soon after food or at irregular intervals, and often of sudden onset and short duration, and eased by belching or perhaps by slight vomiting or regurgitation. These symptoms may pass away almost unnoticed and without treatment, though various measures may get credit for a natural return to health.

2. A more pronounced type in which the affection in the gallbladder is chronically advanced, perhaps with duct obstruction and infection, and in which a history of colic with fever or chills may be remote or entirely absent. In such types there obtain periods of irregular frequency and duration in which there is a daily complaint of flatulency, distress, epigastric pain, sour, bitter regurgitations and eructations, all associated more or less with the taking of food.

3. The ulcer type, which very closely simulates the second type in some respects. These conditions are more difficult to differentiate from peptic ulcer.

The phenomena of true gallstone colic are quite characteristic and more readily differentiated than the symptoms of a chronic, mild cholecystitis. There is sudden, severe pain in the right hypochondrium or in the epigastrium, often radiating to the back, or to the right shoulder, and accompanied, usually, by nausea, vomiting, and symptoms of shock (tachycardia, feeble pulse, sweating). This tachycardia of the colic is in distinct contrast to the rather

slow pulse so common to most biliary disorders. The pain may be followed, accompanied, or even preceded by chilly sensations. The attack lasts from a few minutes to a few hours or longer; may pass off suddenly, and is usually followed by aching and soreness for a few days. Calculi may sometimes be found in the sifted stools after an attack. It is probable that the dull pains are due to the cholecystitis, and the more acute pains are due partly to an acute circumscribed pericholecystitis, partly to spasm of the smooth muscle in the gallbladder or bile duct.<sup>6</sup> While the actual passage of a stone along the biliary tract is the occasional cause of the pain, yet such cause is less frequent than commonly supposed. Jaundice, of course, may occur if the stone becomes impacted in the common or hepatic ducts, or from compression of these ducts by a large stone in the cystic duct or inflammatory products, or as catarrhal jaundice, the result of swelling of the mucosa. Jaundice has previously been absent in fully 25 per cent. of patients from whose common ducts stones have been removed, according to Moynihan. Rolleston is authority for the statement that from 4 to 14 per cent. of patients suffering from gallstones develop cancer of the gallbladder. From his experience Mayo puts the percentage at 3. Unfortunately, the diagnosis of this condition cannot usually be made until too late for successful surgical intervention, but with a gallstone history, accompanied by a hard, nodular mass palpable in the region of the gallbladder, jaundice, emaciation and beginning cachexia, the diagnosis is reasonably certain, though probably already too long delayed.

In contrast to the irregularity of gallbladder pain, that associated with gastric or duodenal ulcer, when present, usually bears a more or less definite time-incidence to the ingestion of food. So commonly is this true that Graham has axiomatically declared it to be practically diagnostic of the location of the ulcer, i. e., the longer the time between food ingestion and pain incidence, the lower the ulcer. When the ulcer is in the stomach the pain may follow immediately after solid food is eaten, or after a couple of hours when the acidity is higher. Nausea is not uncommon, with vomiting of an intensely sour chyme, resulting in immediate relief from pain. Bland fluids are not apt to excite the pain. Despite a fairly good appetite, these patients fear eating lest pain follow and hence emaciation to the extent of the loss of fully one-fifth the body weight may ensue. This point should be borne in mind when attempting to

differentiate between ulcer and carcinoma of the stomach. The character of the pain is variable, some patients experiencing only superacidity pains without vomiting and relieved by protein food or by alkalies; others have vague dyspeptic symptoms, such as nausea, belching and heartburn, independent of food intake, such cases so closely simulating gallbladder dyspepsia as to materially cloud this feature of the differential diagnosis; while still others of the clinically latent ulcer type are wholly devoid of subjective symptoms, and apply for treatment only after a sudden hematemesis or after marked anemia has resulted from prolonged occult hemorrhages.

On the other hand, duodenal ulcer presents a somewhat more definite pain syndrome. The more chronic the ulcer the longer the history of digestive disturbances, especially of periodic attacks in which pain is felt from two to four hours after eating, such pain coming on gradually but with increasing severity. In contrast to gastric ulcer, liquid food causes pain a little earlier than a solid meal. Because it usually appears when the patient begins to feel hungry, it is denominated "hunger pain," and is noted, at first, only after the heaviest meal of the day, while later it may occur after each of the three meals. While the belching of gas may bring relief yet the taking of such food as milk or bread and butter so commonly relieves the pain that the patients rather habitually keep food beside their beds to relieve the 2 a. m. pain. The pain is usually a little to the right of the midepigastrium and may radiate to the right. Vomiting is unusual, save as a sequel to the development of duodenal stenosis. In the interval between attacks, which are commonest during the winter months and may last from two weeks to two or three months, the patient may be entirely free from symptoms.

Pain in cancer of stomach was entirely absent in 13 per cent. of Osler and McCrae's experience, being present in cancer of the cardia, ulcer carcinomatosum or after perigastric adhesions have developed. Although it is now pretty generally accepted that about 60 per cent. of gastric carcinomata develop on an ulcer base, yet in the majority of cases cancer of the stomach has an insidious onset, and commonly in people with previously healthy stomachs. Vomiting, though not an early symptom is usually present and when of the coffee-ground type is an exceedingly important symptom. Vomiting soon after a meal points to localization on the lesser curvature, near the cardia, while the ejection of large, stagnant masses containing lactic acid

6. Barker: Monographic Medicine, Vol. III, 662.



points to motor insufficiency due to pyloric obstruction. Marked cachexia, with extreme loss of weight and palpable tumor are evidences of too long-delayed diagnosis to be of further interest than to say that occasionally such a syndrome is produced by an ulcer that is still benign. Evidences of metastases in other parts of the body, if carefully sought, are usually to be found in such cases of far-advanced malignancy.

Syphilis of the stomach is a subject that is now becoming of more clinical interest because of its more frequent recognition through the aid of the Wassermann test and roentgenologic findings. In a general way it simulates gastric ulcer but with certain distinctive differences which I shall not here recount but which are excellently described by Downes and LeWald in the *J. A. M. A.* for May 29, 1915.

Turning now to a very cursory résumé of the roentgenologic diagnosis of these various lesions, let us remember that the best that can be done in cholelithiasis is about 50 per cent. positive findings. It is a valuable diagnostic asset, of course, to be able to show a patient in picturesque fashion that he is the possessor of one or five or more gallstones, but of how relatively little clinical importance to us as compared to a well-elucidated diagnosis of gallbladder disease! As a matter of fact in our own minds we care very little whether actual stones are present, except perhaps for accounting for certain phases of the disease, but what we want to know is whether or not there is gallbladder involvement, be it cholelithiasis, cholecystitis or both. Personally, I consider of far greater diagnostic value than the chance of getting a stone picture, the ability of the roentgen ray to demonstrate a cholecystic position of the stomach or evidence of pericholecystic inflammation as by adhesions to the duodenum or pylorus.

Of far greater value is the roentgen ray in the diagnosis of gastric and duodenal ulcers, and cancer of the stomach. Cole and others enthusiastic on the subject go so far as to say that duodenal ulcer can be diagnosed by the roentgen ray in from 95 to 99 per cent. of all cases. If so, it is the most valuable single diagnostic agent we have, not even excepting the anamnesis. Cole and his school, by the aid of many serial plates, are able to make the diagnosis from the actual deformity of the bulb, but such technic is very expensive and not practical in the great majority of cases. Latterly, Carman has come to a similar view though formerly an advocate of the indirect method involving such factors as gastric hypertonus, hyperperistalsis and hypermotility, gastrosplasm, six-hour residue, and antral residue.

In the roentgen-ray examination of the stomach proper we are concerned with anomalies in the filling such as the budding-out processes of ulcer, the filling defects of carcinoma, the hour-glass constriction, or the rapid emptying of carcinomatous infiltration, as in *limitis plastica* and 40 per cent. of pyloric carcinomata wherein pyloric insufficiency is produced; likewise may one study questions of gastric motility, peristalsis and emptying time. Time will not permit of further discussion of this subject which in itself could, by no means be exhausted in a full evening's discussion. Suffice it to say that next to careful anamnesis, well-interpreted roentgenologic findings afford as valuable a means of differential diagnosis in this field as we possess at the present time.

If one were to select a single clinical laboratory test to the exclusion of all others in this field, outside of the Wassermann tests perhaps, he would probably select that for occult blood, since when properly checked it affords pretty reliable evidence of organic disease in the stomach or bowel.

In concluding I desire to enumerate a few corollaries whose deduction has been precluded by the time limits of this paper, but the importance of which should nevertheless not be lost sight of:

1. By far the greater number of patients presenting gastric symptoms have no organic lesion of that organ.

2. Hematemesis or melena, as a symptom of gastric or duodenal ulcer, occurs in less than one-fourth of all cases.

3. The fact that the amount of free HCl in the same person's stomach may vary from zero at one time to normal within a period of forty-eight hours, as noted by Beckman, necessitates considerable limitation to be placed on this factor as an agent of differential diagnosis. While Lockwood would attach considerable importance to the findings of an *achylia gastrica* as an accompaniment to gallbladder disease, such association occurring in 30 per cent. of his cases of gallbladder disease, yet in the same percentage exactly did he find hyperacidity.

4. As Cabot aptly remarks, it is very often impossible to make a satisfactory diagnosis in cases involving the right upper quadrant through the ordinary methods of physical examination. He even goes so far as to declare that the physical examination in gallbladder disease is usually negative.

5. Cancer of the stomach comprises one-third of all cancers of the human subject.

## PREMATURE ALOPECIA \*

ORVILLE E. SPURGEON, M.D.  
MUNCIE, IND.

Most authorities teach that premature baldness is the result of a nutritional disturbance of the scalp ultimately resulting in an atrophic condition of the entire scalp which of course includes the hair follicles. As to the cause of this disturbed nutrition, opinions differ. Some believe that the tight hat band interferes with the circulation, thus causing an atrophy of the scalp, but this is evidently not a causative factor, as baldness frequently occurs in men engaged in office work who seldom wear a hat. Others believe that this atrophic condition is the result of bacterial infection of the scalp, the toxins of the bacteria causing atrophy, but this has not been demonstrated.

In my judgment the atrophy and resulting baldness is the direct result of an accumulation on the scalp of inspissated oil secreted by the scalp.

In order to elucidate my opinion of the cause of premature alopecia I will consider briefly the subject of oils.

Oils are classified into three general groups:

1. Drying oils; for example linseed oil, which dries completely, forming a hard substance.

2. Half-drying oils; for example castor oil, which dries incompletely, forming a gummy substance.

3. Nondrying oils; for example lubricating oil, which does not dry but remains unchanged.

The boundary lines between these classes are not always very definite. For example, if you mix a nondrying oil with a half-drying oil you will have an oil that is on the borderline. The more of nondrying oil added the more nearly will the mixture fall into the class of nondrying oils. Some of the animal oils belong to the class of nondrying oils, and some to the class of the half-drying oils. The oils secreted by the skin belong to the class of half-drying oils, though this drying quality varies in the oil secreted by the skin in different parts of the body. Everyone knows that the skin in some parts of the body is more oily than the skin in some other parts, and that the oil secreted by the skin of some people is less oily than the oil secreted by the skin of other people. In other words, the oily secretion of some people is more nearly a half-drying oil than that secreted by the skin of some other people. It so happens that the oil secreted by the skin of the

head is a borderline oil. With some people it approaches the half-drying oil while with other people it is more nearly a nondrying oil. Therefore, there is a tendency in some people for the oil in this location of the body to dry, forming a gummy substance which accumulates and adheres to the scalp. This oil dries and adheres to the top of the scalp more than to the sides of the scalp for the reason that the oil that forms on the side of the scalp is more often rubbed off. This removal of dried oil is accomplished somewhat by the hat but more by the pillow while in bed. The gummy deposit which results from the drying of the half-drying oil remains adherent to the scalp on the top of the head, month after month and year after year. When removed by soap and water, or by other means, it quickly returns. This gummy substance forms a covering of the skin which interferes with the nutrition, as if it were covered over with varnish or tar.

It is a familiar fact that the men of some families are more inclined to be bald than the men in other families. This is because the oil of the scalp of some families is more nearly a half-drying oil than the oil of the scalp of some other families, which condition is hereditary. If this is a true explanation of premature baldness, then it furnishes an explanation as to why premature baldness is hereditary. It also explains the fact that women do not become bald, since the oil secreted by the scalp of women is a nondrying oil.

It has been observed that when olive oil is applied on the scalp, as a treatment for falling hair, that the condition is made worse. The explanation of this fact is that olive oil is a half-drying oil and when permitted to remain on the scalp for days at a time it forms a gumlike substance which interferes with the nutrition of the hair follicles in exactly the same manner that the natural oil accumulates and causes alopecia.

*Treatment.*—Since premature alopecia is the result of an atrophic condition of the scalp, the hair cannot be restored. There is no remedy for complete alopecia.

The prophylactic treatment is suggested by considering the cause. Any means of keeping the scalp free from inspissated oil will prevent the resulting atrophy and baldness. This may be accomplished by the frequent use of soap and water, or, a better method, to rub the scalp with a cloth moistened with gasoline. The gasoline should then be removed by rubbing with a dry cloth. This should be repeated every few days or often enough to keep the scalp free from inspissated oil.

\* Presented before the Eighth District Medical Society.



# **THE JOURNAL**

## **OF THE**

### **INDIANA STATE MEDICAL ASSOCIATION**

Devoted to the Interests of the Medical Profession of Indiana

Office of Publication, 406 West Berry St., Ft. Wayne, Ind.

JULY 15, 1919

## **EDITORIALS**

### **ENDOCRINE DYSFUNCTION**

More and more have we begun to appreciate the great importance of the glands of internal secretion—the endocrine system—in maintaining normal health. As our knowledge of the function of the various members of this system increases the more do we realize how profoundly they influence the animal organism.

Many, if not most, of the normal bodily activities and functions are directly or indirectly controlled or regulated by this endocrine system. In fact, in many ways it seems to be the regulatory system of the animal body. The growth, the development, the metabolism, the catabolism, the sex characteristics and functions, all these and apparently many more of the vital activities of the body are dependent on the properly coordinated function of the ductless glands. When these function properly, normal health results; when there is improper function—dysfunction—of this system, abnormal processes appear in one form or another.

As a result of the increase of our knowledge along these lines we have learned that many symptoms which hitherto formed vague, obscure, or indefinite clinical complexes can now be explained, to a certain extent at least, if not altogether, as due to a disturbance of the function of the ductless glands, i. e., endocrine dysfunction. Over (hyper) activity or under (hypo) activity of one or more glands of this system can give rise to symptoms that may be pathognomonic of such perverted function or not. There are certain well defined symptom complexes that are characteristic of perverted function of certain definite glands of this system. They have been recognized for some time, and are already quite well known. But we are now learning further that many of the so-called vague functional disturbances are not merely imaginary but have as their basis disturbed endocrine function.

Among the functions that are regulated by

this system is menstruation. The internal secretion of the ovary, in coordination with the internal secretion of the pituitary and the thyroid, regulates the function of menstruation. When this system functions normally menstruation is normal, but when there is dysfunction, menstruation is abnormal. Heretofore disturbances in the latter process were blamed on the uterus, and that organ was unhesitatingly subjected to dilatation and curettage. Whenever there is a definite pathological process within the uterus, such a procedure can remedy the menstrual disturbance by removing the obvious cause. But in the vast majority of cases the cause is not within the uterus. The abnormal menstrual process is simply a manifestation of abnormal activity of some of the endocrine glands, and the rational way to correct such menstruation is by proper endocrine therapy.

In view of this newer knowledge it has become self-evident that the operation of curettage is not only not indicated in a great many—perhaps nearly all—cases in which it has been and is even now being done, but is absolutely useless. Such an operation cannot reach the cause of the trouble. The gynecologist has found out that he must attack this trouble not with his curet but with the proper medicines. This idea is quite frankly expressed by one of our leading gynecologists (S. W. Bandler) in these words: "I hope that some day there will be a law that before we curet a patient we must get a license or permission from some central authority to use it in a particular case, and then only after giving genuine reasons therefor."

### **CATGUT STERILITY**

When a surgeon has the misfortune to get an infection in an operative wound which he has closed with catgut, he is prone to jump to the conclusion first of all that his suture material is at fault, and particularly is this true when more than one such accident occurs within a comparatively brief space of time. While the blame may properly be attached to the suture material in a considerable number of such instances, yet all other sources of infection should be thoroughly sought out and carefully eliminated before definite conclusions can be arrived at. It occasionally happens that supposedly sterile dressings are found to have come through a leaky sterilizer, or through haste or carelessness perfect technic of sterilization has not been carried out. Skin sterilization either

on patient, operator or assistants may have been slighted and too much reliance placed on poorly prepared gloves. Not rarely a careless nurse handles an unclean container, instrument, piece of linen, etc., and the catgut gets the blame when its previous sterility has been destroyed by going through contaminated hands.

In the consideration of catgut sterilization certain facts have become sufficiently firmly established as to make them practically axiomatic. One such fact is that the larger the size of the gut the greater the difficulty in rendering it sterile. In fact, it is questionable whether one ever has a right to feel perfectly secure with a piece of catgut larger than a number two. Not that numbers three and even four have not very frequently been utilized with impunity, possibly even as a more or less routine by some operators; but the fact remains that, other things being equal, there is far greater risk of infection from the oversized gut than from the medium and smaller sizes. Thus it would seem that it were far safer to use a doubled number two than a single number three or even four. It is well known that there occurs a well defined tissue reaction with a consequent biochemical change in the immediate vicinity of any suture substance introduced into the normal tissues. Ordinarily the bactericidal properties of the blood and lymph are sufficient to handle a small degree of bacterial infection without any gross manifestation of actual inflammation, but when a substance of sufficient size, such as a large sized strand of gut, as to retain infection some little time, is introduced, then according to the well known laws of immunity the fight is lost for the phagocytes and won by the bacteria.

Another accepted fact to be borne in mind in connection with catgut sterilization is that such methods of sterilization must not be developed as impair the tensile strength of the gut to any notable degree. Because of this fact many otherwise excellent methods of sterilization have had to be abandoned.

A third fact now well established is that chromicized catgut is more difficult to sterilize than plain catgut of the same size, which would seem to indicate that unusual methods of sterilization are indicated for the proper use of all chromicized ligatures.

The question of catgut sterilization has so long been a mooted point in the surgical profession, and so many diverse methods have, from time to time, been promulgated that there should be a universal and wholesome acceptance of the

suggestion offered by Butterfield and Ely,<sup>1</sup> that there should be some system of federal control devised for catgut sterilization similar to that for biologic products so that all firms manufacturing catgut could be required to adhere to the same standards of sterility. As the conditions now exist we are constantly being bombarded with representatives from the various commercial houses offering us catgut sterilized by a method peculiarly their own and consequently more efficient than that of any one else, with the result that the surgeon is left to solve the question for himself by a prolonged trial of each of the various methods and with a considerable economic waste both to himself and patients.

---

### EDITORIAL NOTES

#### DEAR DOCTOR:

THE JOURNAL and the Cooperative Medical Advertising Bureau of Chicago maintain a Service Department to answer inquiries from you about pharmaceuticals, surgical instruments and other manufactured products, such as soaps, clothing, automobiles, etc., which you may need in your home, office, sanitarium or hospital.

We invite and urge you to use this Service.

It is absolutely FREE to you.

The Cooperative Bureau is equipped with catalogues and price lists of manufacturers, and can supply you information by return mail.

Perhaps you want a certain kind of instrument which is not advertised in THE JOURNAL, and do not know where to secure it; or do not know where to obtain some automobile supplies you need. This Service Bureau will give you the information.

Whenever possible, the goods will be advertised in our pages; but if they are not, we urge you to ask THE JOURNAL about them, or write direct to the Cooperative Medical Advertising Bureau, 535 N. Dearborn St., Chicago, Illinois.

We want THE JOURNAL to serve YOU.

---

It is reported that in New York City a movement is on foot to pool all hospital facilities for the development of a great scheme for post-graduate education, and doubtless similar movements will soon be in evidence in other large cities.—*Jour. A. M. A.*

---

THIS is vacation period, and while most of us are too busy or too poor to think of taking a vacation, yet we owe it to ourselves and to our patients to obtain a much needed rest. The doctor as well as people in other vocations does more and better work after a rest and a change of scene.

---

A BILL to grant army rank for nurses in the army service has been introduced in the House of Representatives. There is ample reason why such a bill should be passed; for those women who gave skilled service to the country in time of war are as deserving of recognition as are men who did no more.

---



It is not too early for us to begin to prepare for the fall meeting of the Indiana State Medical Association. We should have a good scientific program, and those who have something to offer should get in touch with the program committee. The September number of *THE JOURNAL* will contain the official program and other information concerning the session.

---

THE Surgeon-General has been authorized to resume promotions of officers. The chief requirement is that the officer recommended for promotion must be performing the work of an officer of the rank for which he has been recommended. It is presumed that some of the doctors now out of service will receive belated promotions. Perhaps rank at this time means but little, yet it is a tardy recognition of services well performed.

---

As evidence of the inefficiency of the Post-office Department a letter addressed to a prominent lieutenant-colonel stationed in France—well known in the Surgeon-General's Office in Washington—has been returned to the sender after chasing around France and this country five months, with the notation that the addressee cannot be found. Just one of the thousand "little things" that endears (?) "Burleson service" to the hearts of the American people!

---

Now that we have American-made salvarsan and neosalvarsan an established fact, and have had it for quite a little while, it would be of distinct interest to the profession in general if some of the larger clinics would publish comparative results between the foreign made and our own products, as to the clinical results achieved. The sooner our country can become pharmaceutically independent the better off we will all be, both economically and scientifically.

---

SENATOR MYERS of Montana has introduced in the Senate an antivivisection bill, making it a misdemeanor to operate or experiment on live dogs. Senator Myers ought to be made to see the light by placing before him the wonderful discoveries for the saving of human life that have been developed solely and alone as a direct result of animal experimentation. However, it is one continual struggle to keep the fanatics, the sentimentalists, and the grossly ignorant from being responsible for legislation of a dangerous character, and antivivisection propaganda is among the dangerous things that we have to counteract.

---

IN connection with the national program for combating venereal diseases the American Medical Association has printed 100,000 copies of the "Manual of Treatment of Venereal Diseases," which were distributed by the Army Medical Department, the United States Public Health Service, and several state boards of health. If it were not that the American Medical Association has the finest medical printing plant in the world, and an exceptionally well-organized force caring for every feature of propaganda work connected with the advancement of scientific medicine, it would not be possible for either the National Public Health Service or the state boards of health to accomplish as much as they are accomplishing through the generous assistance and cooperation of the American Medical Association.

---

THE election of Admiral William C. Braisted of the United States Navy to the presidency of the American Medical Association meets with very general approval on the part of members of the medical profession. There is no reason why the Army, Navy and Public Health Service of the United States should not partake of the honor contained in the presidency of the greatest medical association of the world. The selection of New Orleans as the place for the next session of the A. M. A. also meets with general approval, as it has been many years since the Association has held a session in the South, and heretofore New Orleans has been able to care for the Association in a very creditable manner. In all probability the usual custom will be followed in having the session a little earlier than usual, or the first week in May.

---

COLLAPSE and even death of the patient following the administration of arsphenamin is sufficiently frequent to justify the observance of all known precautions to prevent such accident. Up to the present time no satisfactory explanation has been made to account for these unfortunate instances. It is known that arsphenamin has a variable toxicity. Therefore, the selection of the preparation should be made with the utmost regard for the reputation of the manufacturer. There is also the element of danger from faulty technic in administration of so powerful an agent, and here we may observe that the recommendations offered by the Hygienic Laboratory of the U. S. Public Health

service are worth following. The management of the symptoms of collapse is, according to *The Journal of the American Medical Association*, a question in practical therapy, and the suggestion is offered that tyramin may be worthy of a trial. Those who have investigated the subject seem to believe that the drug is more likely to be of real value in these cases than is any other drug that heretofore has been recommended.

THE old saying "honor save in your own country" seems to hold true with the American Medical Association, for with headquarters and spacious and thoroughly equipped offices and printing plant in Chicago, a certain faction—and apparently a controlling faction—in the medical profession of Chicago, backed by the Illinois State Medical Association, seems to be opposed to the American Medical Association and all that it represents. It is unfortunate that the trouble making element in Illinois—which does not by any means represent the prominent physicians of either Chicago or the state at large—apparently should control medical affairs in Illinois; and it is not an enviable reputation for the state to have in being the only one out of thirty-one states whose medical associations, as represented by their official journals, are not publishing ethical and high grade medical periodicals, with a business policy that conforms to honesty as well as a sense of propriety, and to the recommendations of the Council on Pharmacy and Chemistry of the American Medical Association. It is time for a house cleaning in the Illinois State Medical Society.

WITH the formal ending of the world war by the actual signing of the peace treaty comes a return to the routine of civil practice for every medical man. And with such return there is carried as great, if not greater, responsibilities, for despite the colossal destruction of life and limb and the tremendous mortality and morbidity wrought by the war, there has accrued to us a vast store of information such as would have required decades of civil practice to acquire. So it is that with the return to normal conditions there should be a prompt effort toward rejuvenating the medical societies which have suffered such a serious slump during the war. The lack of activity in medical society work should not be held as a seriously reprehensible charge against the men who remained

behind, for in a very great measure their time was consumed by the increased responsibilities due to the shortage of doctors, and their minds and hearts were much of the time with their absent confrères and on the task which was rendered possible of achievement very largely through the energy and patriotism of the medical profession. Let us all get together, as of old, rejoice that we can be together again and profit by what we have learned.

THE illegal traffic in narcotic drugs in El Paso, Texas, received a final blow at the recent term of the Federal Court in that city when four physicians received penitentiary sentences for the prostitution of their profession in catering to the cravings of drug addicts. It is stated that for years El Paso has been the Mecca of drug fiends who flocked there largely because of the proximity to the Mexican border and the ease with which drugs could be obtained across the river. However, passport regulations of the past few years, incident to the war, made visits to Mexico practically impossible, and as a result the demand for "prescriptions" for morphin grew to enormous proportions. On a recent investigation by an Internal Revenue Inspector he found 10,000 prescriptions in three drug stores alone in that city, for morphin in quantities from 5 grains to 30 grains each; and when the prescriptions were classified according to names they showed that in most instances the addict had obtained a prescription daily, covering a period of months. It may be said to the credit of the medical profession of El Paso that but four physicians had stooped to this felony, and through prompt, vigorous prosecutions, instituted by the United States District Attorney's office, a complete clean-up was effected. Perhaps some similar investigations in various parts of the United States, with the same prompt action on the part of the Federal Court, would disclose some astonishing conditions and bring about such a clean-up on a broad scale.

THE manufacturer of surgical instruments and appliances does not have to use his product, consequently while he may use his mechanical ingenuity in devising instruments and appliances to induce the susceptible doctor into spending his good money, yet oftentimes practical use shows the inadaptability of the manufacturer's ideas. Furthermore, when a surgeon or doctor finally gets the manufacturer to make something



that is adapted to a certain purpose, it is not very long before the manufacturer through his ideas of what he thinks may be better, has so destroyed the original model that it becomes practically useless for the purposes for which it was intended originally. In consequence, the average doctor's office is littered up with a lot of "junk," most of which represents failure to recognize the demands for something that shall be practical or which represents the ineffectual efforts of the manufacturer to improve on something that was practical and through his efforts producing something that is next to worthless. The most exasperating thing is to procure from the manufacturers something that is thoroughly practical and useful, only to have the manufacturers say later that they have discontinued the making of such article. What we ought to have is some sort of a standard to be followed by manufacturers in making instruments and appliances, the patterns for which should be uniform; and, on the other hand, doctors should insist on the highest quality of material and workmanship, for a good deal of complaint about unsatisfactory instruments and appliances arises as a direct result of the patronage of some firms that make inferior goods, and the habit of too many doctors to put price above quality.

THE Jenner Medical College of Chicago, which was criticised because of its low standards, sued the American Medical Association and the Council on Medical Education of the American Medical Association for a half million dollars damages. Many alleged grounds for libel were set forth, and the case has been pending for six years, but was finally dismissed in March of this year. Every reputable publication, whether lay or professional, makes an honest effort to publish facts and facts only, and to be able to prove any accusations that may seem to be injurious to others. However, the periodical that is fearless and outspoken generally comes in for a libel or damage suit sooner or later, though seldom if ever does the prosecution win. It requires courage of the highest sort to fight evil, especially when evil is found among the high and mighty, and we admire the stand that has been taken by *The Journal of the American Medical Association* in exposing frauds of every description, even though such exposure has resulted time and again in either threatened or actually instituted

libel and damage suits, all of which to date have been won by the aforesaid journal. But it is this fearless fight for right and justice and the waging of war on all shams that has done much to place medicine, and especially the ethics of medicine, on a higher plane. Therefore, aside from the fact that *The Journal of the American Medical Association* is the best scientific periodical in the world, barring none, it deserves the appreciation and support of all right thinking medical men because of the attitude it has taken on medical or quasi-medical topics that are not wholly connected with the scientific side of professional life.

THE Council on Pharmacy and Chemistry, aided by the Chemical Laboratory of the American Medical Association, did a great work in investigating and passing on the many medicinal products offered to the Surgeon-General for the treatment of sick soldiers in the hospitals and in the field. Fakes of every description were offered the government, and it is a well-known fact—as stated by the president of the American Medical Association—that no matter how fraudulent, how fakish, or how ridiculous the wares might be, their promoters were able to get political influence, even certain senators and congressmen being secured to help them. Automatically all medicinal preparations offered to the Surgeon-General were referred to the Council, and of course that meant that many useless if not worthless therapeutic agents were barred from employment by the government. It has been well said that our soldiers were better protected than are civilians, for while the government does not take any chances on the acceptance of useless if not worthless medicinal preparations yet there are any number of doctors, who ought to know better, who fail to profit by the findings of the Council on Pharmacy and Chemistry of the American Medical Association. Incidentally, this JOURNAL regularly prints a résumé of the work done by the Council, as it also prints a résumé of the information sent out by the Propaganda Department. Notwithstanding the fact that some so-called medicinal preparations have been openly branded as fakes, yet we know that there are certain Indiana doctors, some of whom are members of our state association, who are using these fakes, presumably with an utter disregard for therapeutic effect.

FROM every point of view the annual session of the American Medical Association, held at Atlantic City last month, must be considered a success. The attendance far exceeded the expectations of the most optimistic; the registration was 4,929, exceeding by nearly 1,000 the registration of the largest previous Atlantic City session, held in 1914; in fact, the registration this year has been exceeded only by that of the Chicago and New York sessions. An unusual feature was the new arrangement for section meetings by which each section holds only one meeting a day. This plan was carried out by all of the sections except one, and the House of Delegates directed that the plan be continued. The special Victory Meetings on Wednesday and Thursday evenings and the war sessions held Thursday afternoon, devoted to general medicine and surgery, were a novelty of this session. These meetings were well attended, the foreign guests and distinguished representatives of American organizations were enthusiastically received and the programs were instructive. The sessions of the House of Delegates were unusual, especially because of the sociologic-medical aspect of the questions discussed. Narcotic addiction, social insurance, physical education, pharmaceutical interests, the publication of new journals, antisection legislation, daylight saving and the securing of permanent benefit from the medical work of the war—these were some of the subjects which engaged the attention of the House and on which definite recommendations were made or action taken. These are reported in the published minutes of the House of Delegates. Among other attractions the scientific and commercial exhibits were exceptional, both in the quantity and character of the material presented. In the scientific exhibit special notice should be given to the demonstrations by the Army and Navy Medical Departments and the Public Health Service of work both during the war and in preparation for peace. Connected with the scientific exhibit was a continuous motion picture performance in which were shown many new educational films. Finally, it is not amiss to add here a note of thanks to the physicians of Atlantic City for their cooperation. Arranging for an annual session of the Association requiring numerous meeting places, large exhibit space and hotel accommodations for over 5,000 physicians and their guests is no small task. The aid given by an active local committee on arrangements is a determining factor in the success of the session.—*Journal of the A. M. A.*, June 20, 1919.

WE believe that the following letter, written by Dr. W. W. Keen, appearing in a recent number of the *Medical Record*, voices not only the sentiment of the medical profession of the United States, but the people as a whole:

I have thoroughly approved of your recent editorials as to German doctors, who, when peace is declared, it is reported, are actually proposing to come to America and enter into practice!

At the close of the "Appeal to the Civilized World" of the ninety-three German Intellectuals among whom appear the names of von Behring, Ehrlich, Haeckel, Neisser, Roentgen, Rubner, Waldeyer and Wassermann, all doctors, they say:

"Have faith in us! Believe that we shall carry on this war to the end as a civilized nation to whom the legacy of a Goethe, a Beethoven, and a Kant is just as sacred as are our own hearts and homes. For this we pledge you our names and our honor."

One of their thus accredited statements is that "the German army and the German people are one." Let us see what that army did.

The armistice requires the German army to point out the wells that they have poisoned! So far as I know, this is the only occasion in history in which an act of barbarism has been officially confessed!

Their atrocities in Belgium, France, Poland, and Serbia are known to thousands of witnesses. Those barbarities were the work of the army, with which, we are assured, the German people "are one."

They initiated the horrible poison-gas warfare.

They permitted the "unspeakable" Turk, their welcome Mohammedan ally, to murder by wholesale the defenseless Christian Armenians, including thousands of women and children.

Yet poisoning wells, using poisonous gases, and murdering innocent civilians—men, women and children—are all prohibited by solemn treaties signed by Germany. But treaties are only "scraps of paper" to Germany.

And after all these atrocities and these constant violations of international law do these German doctors dare to come here and propose to obtain a living here as medical practitioners?

Never was there a more insolent proposal. The Germans are whipped, but still defiant; beaten, but still unregenerate. Witness what Hindenburg said to his army two days after the armistice: "We leave the fight, in which for more than four years we have resisted a world of enemies, proudly and with heads erect." They must be taught many stern lessons in humility instead of the haughty arrogance which has been their national trait for years. If they dare to come, I hope that no American doctor will ever take any such man by the hand, and that no American medical society will admit a single one to membership. They may be sure that few, if any, American patients will ever patronize them. Let them stay at home.

In time, when as a nation they have repented of their sins and brought forth fruits meet for repentance, and especially when a younger and better and cleaner generation has come on the stage, then, and not until then, may they be received into civilized society.



**DEATHS**

---

MARY BRIGGS, wife of Dr. Carl F. Briggs of Sullivan, died June 17, of tuberculosis.

---

MRS. J. S. MARTIN, wife of Dr. J. S. Martin of Plymouth, died June 3, aged 76 years.

---

EVA MAUDE BULSON, wife of Dr. Albert E. Bulson, Jr., of Fort Wayne, died June 25. Death was due to cardiac failure.

---

JACOB W. COBLENTZ, M.D., of Fort Wayne, took his own life June 18, by swallowing a quantity of potassium cyanide.

---

CHARLES E. ANGELL, M.D., of Delphi, died May 21, following a lingering illness. Dr. Angell graduated from the Jefferson Medical College, Philadelphia, in 1880.

---

EMMA A. WHITNEY, M.D., wife of Dr. William D. Whitney, died May 29, at her home in Muncie, aged 66 years. Dr. Whitney graduated from the Cleveland University of Medicine and Surgery in 1886.

---

BENJAMIN D. PAUL, M.D., of Indianapolis, died June 9, following an automobile accident. Dr. Paul was 28 years of age, graduated last year from Harvard University School of Medicine, and had recently located in Indianapolis for the practice of medicine.

---

EFFIE A. CURRENT, M.D., died June 11, at the home of her mother at Danville, aged 44 years. Dr. Current graduated from the Indiana University School of Medicine in 1902 and practiced medicine at Crawfordsville until her health compelled her to retire.

---

JOEL V. BASTIN, M.D., died June 23, at his home in Fillmore, aged 59 years. Dr. Bastin was born at Cloverdale, graduated from the Kentucky School of Medicine, Louisville, in 1887, and had practiced medicine in Putnam County since his graduation. He was a member of the Putnam County Medical Society, and the Indiana State Medical Association.

AARON S. SENSENICH, M.D., died June 4, at his home in Wakarusa, aged 69 years. Dr. Sensenich was born in Pennsylvania, graduated in medicine from the Rush Medical College, Chicago, in 1881, and had practiced medicine at Wakarusa for more than thirty-five years. He was a member of the Elkhart County Medical Society, the Indiana State Medical Association, and the American Medical Association.

---

JEROME M. KING, M.D., died June 8, at his home in Greencastle, aged 48 years. Dr. King graduated in medicine from the New York University Medical College in 1897, and had been an active practitioner in Putnam County for twenty-three years. He had served as county coroner three terms, and held the office of county health commissioner at the time of his death. He was a member of the Putnam County Medical Society and the Indiana State Medical Association.

---

PAUL BARTHOLOMEW WORK, M.D., of Elkhart, died from diabetes June 7, aged 33 years. Dr. Work received his A. B. degree from the University of Michigan in 1909 and his M.D. degree from the same school in 1911; was a member of Sigma Xi and Alpha Omega Alpha; served as intern at Tri-Mountain, Mich., Copper Mine Co., 1911-1912, and member of staff of St. Luke's Hospital, Chicago, 1912-1913. He was a member of Elkhart Academy of Medicine; Elkhart County Medical Society; Indiana State Medical Association, Tri-State Medical Association, and the American Medical Association.

---

LEON J. WILLIEN, M.D., of Terre Haute, died June 17, after a year's illness, aged 78 years. Dr. Willien was born in Alsace-Lorraine, France, coming to the United States at 4 years of age. He graduated from Washington University Medical School, St. Louis, Mo., in 1857, and studied three years at the University of Strausburg, Germany, from which he graduated in 1864. He located at Terre Haute in 1872, and was one of the founders of St. Anthony's Hospital at that place. Dr. Willien was a member of the Indiana State Medical Association, the American Medical Association, and a Fellow of the American College of Surgeons.

**NEWS NOTES AND PERSONALS**

Anything in the line of physicians' supplies or equipment may be obtained from advertisers in *The Journal of the Indiana State Medical Association*. Patronize these advertisers for it means a continuance of their advertising patronage, and the latter means a larger and better Journal for you.

DR. A. A. RANG of Washington left June 6 for New York, where he will take special postgraduate work.

THE Deaconess Hospital of Evansville is to have a new \$75,000 addition, the work on same to begin at once.

DR. G. R. CLAYTON of Monon was seriously injured May 22 when his automobile was struck by a freight engine.

DR. W. J. FERNALD of Frankfort has been appointed physician for the county farm, his term beginning June 10.

DR. WILLIAM E. PRATHER of Needmore has removed to Martinsville, where he will engage in the practice of medicine.

DR. R. A. SOLOMON of Indianapolis, with Base Hospital No. 88 in France, has been promoted to the rank of captain.

THIRTY-ONE nurses completed the three-year course in the City Hospital, Indianapolis, and were granted diplomas on June 4.

THE Cass County Health Association is pushing plans for the establishment of a free clinic for venereal diseases at Logansport.

DR. W. C. FARNHAM of Indianapolis, in service in France for the past eighteen months, has been promoted to the rank of major.

DR. A. R. KERR of Attica has returned to civil life after eight months' military service, six months of which was spent overseas.

DR. AUBREY L. LOCP announces that he has returned from army service and has located at Crawfordsville, Ind., Ben Hur Building.

A SHIPMENT to Siberia of ambulance bodies and surgical supplies valued at \$348,850 has been authorized by the American Red Cross.

DR. RAYMOND J. SPROWL of Huntington, ophthalmic surgeon at Base Hospital No. 34 in France, has been promoted to the rank of major.

DR. WILL H. KENNEDY of Indianapolis was elected secretary of the American Radium Society at its recent annual session in Atlantic City.

COLUMBUS is to have a free venereal clinic under the supervision of the United States Public Health Service. Dr. J. K. Hawes is in charge.

DR. GEORGE F. SMITH of Bicknell has purchased a large residence property in that city and will convert it into a modern private hospital.

DR. F. C. WALTERMIRE of Shelbyville, with the American Expeditionary Forces at St. Nazaire, France, has been promoted to the rank of captain.

DR. J. J. STANTON of Logansport, following his discharge from military service, received notice of his promotion to the rank of major in the M. R. C.

LIEUT.-COL. H. O. BRUGGEMANN of Fort Wayne has returned from overseas service, received honorable discharge, and resumed private practice.

DR. ALICE B. WILLIAMS of Columbia City was operated on at the Lutheran Hospital, Fort Wayne, on June 18. She is making an uneventful recovery.

THE honorary degree of Doctor of Laws was conferred on Dr. W. N. Wishard of Indianapolis by the College of Wooster (Wooster, Ohio) on June 25.

DR. H. W. MACDONALD of Newcastle left June 1 to take postgraduate work in surgery and gynecology in Chicago. He expects to take a three months' course.

Two hundred and ninety-eight Americans in khaki are studying at the University of Bordeaux, France; and of this number sixty are in the College of Medicine.



CAPT. MILES F. PORTER, JR., of Fort Wayne, in service the past several months at Camp Humphreys, Va., has received his discharge and resumed private practice.

---

DR. M. C. CLOKEY of Huntington, recently discharged from military duty, reenlisted in the Reserve Corps of the U. S. Army and was given commission of major.

---

DR. J. E. HANNA of Noblesville left June 6 for Chicago, where he will take postgraduate work in diseases of the eye, ear, nose and throat at the Rush Medical College.

---

DR. AMOS CARTER of Plainfield has been appointed superintendent of the Indiana State Tuberculosis Hospital at Rockville to succeed Dr. T. W. Sweeney, resigned.

---

DR. LESTER OFNER, superintendent of the Irene Byron Tuberculosis Hospital (Allen County), has resigned his position because of ill health and will return to Chicago.

---

DR. ADAH McMAHAN of Lafayette, recently returned from France, delivered the address to the graduating class of the Home Hospital School for Nurses, Lafayette, on June 4.

---

THE service flag of the American Red Cross Department of Nursing at Washington holds 184 gold stars, silent token of the supreme sacrifice made by that number of American nurses.

---

DR. GEORGE B. LAKE, formerly of Wolcottville, now in charge of the medical corps at Fort Benjamin Harrison, has been promoted to the rank of lieutenant-colonel in the Regular Army.

---

MAJOR H. M. HOSMER of Gary, recently home from overseas service, visited in Gary the first of June on a thirty-day furlough. He does not expect to receive his discharge for several months.

---

LIEUT.-COM. R. B. H. GRADWOHL, M. C., N., U. S. N.-R. F., has returned from service and resumed his work as director of the Gradwohl Biological Laboratories at Pasteur Institute of St. Louis.

---

DR. JOHN WHITEHEAD, medical officer in the naval service, was recently married to Miss Bernice Hobbs of Dubois County. Miss Hobbs was a graduate nurse of the City Hospital, Indianapolis.

---

DR. B. VAN SWERINGEN of Fort Wayne, recently returned from military service because of his health, was operated at the Lutheran Hospital, Fort Wayne, on June 23, for recurrent cholelithiasis.

---

DR. H. R. VANDIVER of Clay City has sold his practice to Dr. W. H. Rentschler of Center Point, and left for a tour through the West. Dr. Vandiver expects to locate permanently at Tulsa, Okla.

---

DR. J. E. HIATT of Newcastle left the first of June for postgraduate work at the Post-Graduate Hospital of New York. He will specialize in roentgen ray and surgery. He will be gone several months.

---

MISS EDNA G. HENRY, director of the social service department of Indiana University, has been reelected president of the American Association of Hospital Social Workers at the recent convention at Atlantic City.

---

DR. WILLIAM N. WISHARD of Indianapolis was the principal speaker at the annual breakfast of the Honor Society of the College of Wooster on June 24. He used as his subject "Genesis of Medical Science."

---

AFTER being closed for two years, due to government restrictions prohibiting visitors from the stockyards because of the war, Armour and Company's huge plant in the Chicago Stockyards is again open to visitors.

---

DR. EARLE PALMER has resigned his position as senior assistant physician at the Northern Indiana Hospital for the Insane at Longcliff and will open a private hospital at the corner of Broadway and Second Street, Logansport.

---

THE Medical Department of the Army is desirous of obtaining the enlistment of a limited number of bright young men possessing some preliminary education, to be trained for assistants in the army roentgen-ray laboratories.

DRS. WILL H. KENNEDY AND THOMAS C. KENNEDY of Indianapolis attended the recent annual meeting of the American Radium Society held at Atlantic City, and later attended some special radium clinics in New York City.

---

DR. G. W. H. KEMPER of Muncie was honor guest of the Nature Study Club of Indianapolis at the June meeting at Pendleton, and addressed the club on the subject of the early history of the state, and especially that part of the state.

---

A BILL providing for a separate board for the licensing of chiropractors was defeated in the California legislature on March 26 by a vote of 39 to 38. It was reconsidered on April 2, and again defeated, this time by a vote of 42 to 32.

---

DR. EDWARD LINDEMAN of New York, inventor of the syringe cannula method of blood transfusion, was drowned on June 12 in the surf at Atlantic City, where he had gone to attend the session of the American Medical Association.

---

DR. HENRY B. SHACKLETT of New Albany, with the Medical Corps at Fort Oglethorpe, Ga., since last September, has been transferred to Fort Sam Houston, Texas, for treatment of soldiers from overseas suffering from shell shock.

---

DR. MERRILL T. DAVIS of Marion, on military duty at Fort Snelling, Minn., expects to leave soon, with a group of men from the Mayo Clinic, to engage in orthopedic work as a civilian surgeon in France. He expects to be gone a year.

---

UNITED STATES GENERAL HOSPITAL No. 22 at Philadelphia was closed on June 30. The several hundred convalescent soldiers who were in the hospital were transferred to hospitals in other cities, and the buildings reverted to the Philadelphia General Hospital.

---

DR. AND MRS. FREDERICK O. WARFEL have returned to Indianapolis after two years' military service. Mrs. Warfel was engaged in welfare work for the Y. M. C. A. at Camp Grant, Ill., and Dr. Warfel was commanding officer of Camp Hospital No. 77 in France.

MAJOR PAUL MARTIN of Indianapolis, recently returned from France with Base Hospital No. 32, has been appointed consulting surgeon of a string of Red Cross hospitals in Russia, extending from Vladivostock to Omsk. He sailed from New York on July 10.

---

To the list of medicinal and laboratory products formerly imported from Germany and now manufactured in this country must be added collodion, the lack of which was for a time a matter of serious concern to laboratory workers in histology, pathology and embryology.

---

ALASKA is having an epidemic of influenza in the Bristol Bay region. Five thousand persons are threatened, and sixty deaths in one small community were reported in one day. United States naval ships carrying surgeons and medical supplies have been sent to their relief.

---

MISS ALICE FITZGERALD, formerly of New York and Boston, has been appointed chief nurse of the American Red Cross forces overseas. Miss Fitzgerald is a graduate of Johns Hopkins Hospital Training School for Nurses, and has had three years service in France and Belgium.

---

At the annual examination of the state board of registration and examination of nurses, held in the state house in Indianapolis, May 21 and 22, 132 Indiana nurses were given licenses. Miss Edna Long, of the Robert W. Long Hospital, Indianapolis, secured the highest average, 97.5 per cent.

---

DR. WILLIAM F. KING, director of the special Venereal Diseases Bureau of the Indiana State Board of Health, announces that druggists in Indiana to the number of 542 have signed a pledge to the State Board of Health that they will not sell any patent medicine for the "cure" of venereal diseases.

---

DR. CHARLES E. COTTINGHAM of Indianapolis has received honorable discharge from military duty at Fort Sam Houston, Texas, where he has had charge of the neuropsychiatry board in the base hospital. Dr. Cottingham held the commission of captain, and has seen nearly two years of military service.



DR. D. E. ROBINSON, superintendent of the United States Marine Hospital at Evansville, has been made traveling examiner in the lake district in connection with returned soldiers entitled to compensation under the War Risk Insurance Act. He will travel in Indiana, Kentucky and Ohio, with headquarters at Cincinnati.

"THE SOCIAL AND POLITICAL LIFE OF THE HAWAIIAN PEOPLE," is the title of an interesting and attractive little volume by Dr. R. B. Weatherill of Lafayette, recently from press. Dr. Weatherill has traveled much in the Hawaiian Islands and is thoroughly familiar with the history, life, customs and conditions of the people there.

IT is announced that the new building for the Indiana University School of Medicine at Indianapolis will be ready for occupancy by the opening of the school year next September. Reports that the entire medical course will be taught at Indianapolis is said to be without foundation. The premedical course, as formerly, will be taught at Bloomington.

THE National Board of the Young Women's Christian Associations through the Health Division of the Bureau of Social Education, has started a drive to popularize with the American women a sensible shoe built to conform to the normal lines of the foot, doing away with the narrow, pointed, high heel shoes of today. They are seeking the cooperation of shoe manufacturers and shoe dealers in this campaign.

THE National Red Cross Headquarters has announced the formation in Paris, of the League of Red Cross Societies, the purpose of which is to unify the Red Cross organizations of the world in a systematic effort to anticipate, diminish and relieve misery produced by disease and disaster. The control of the league will be by general council composed of representatives of all members of Red Cross societies meeting at designated periods.

THE American Medical Association at its closing session at Atlantic City passed a resolution calling on Congress to provide a fund of at least \$1,500,000 to finance measures for the prevention of influenza epidemics. The resolution stated that there was grave danger of more destructive outbreaks of the disease. If pro-

vided the fund will be used in research work by the Public Health Service, officials of which told the delegates that the causes of the disease were still a matter of speculation.

PHYSICIANS interested in the international control of hygiene and sanitary conditions will be pleased to learn that what seems to be a forerunner of an international health league is provided for in the second draft of the peace treaty. It is interesting to note that the clause was not incorporated in the first draft of the treaty. The paragraph is found in Article 28, Clause F, and reads: ". . . Agreed in an endeavor to take steps in matters of international concern for the prevention and control of disease . . ."

ADVANCES attained by the Medical Department of the Army during the late war in disease control, sanitation, medicine, surgery, hospitalization and reconstruction of the wounded, were graphically presented to civilian doctors at the annual convention of the American Medical Association at Atlantic City, N. J., June 9 to 14. The exhibit was prepared under authority of the Secretary of War and the Surgeon-General, by the curator of the Army Medical Museum, Washington, D. C.

THE Colorado Congress of Ophthalmology and Oto-Laryngology will be held in Denver, August 4 and 5, 1919, under the auspices of the Colorado Ophthalmological and the Colorado Oto-Laryngological Societies. The program will be presented in the County Society Assembly Hall, Metropolitan Building, and promises to be one of especial interest to all practitioners of the specialties. Further information may be obtained from Dr. Harry L. Baum, secretary, 264 Metropolitan Building, Denver.

DURING June the following articles have been accepted by the Council on Pharmacy and Chemistry for inclusion with New and Non-official Remedies:

Robert McNeil: Chlorcosane (McNeil); Dichloramine-T (McNeil).

Lederle Antitoxin Laboratories: Pituitary Extract-Lederle; Ampules Pituitary Extract-Lederle, 0.5 Cc., 1 Cc.; Tuberculin "O. T." (Old Tuberculin); Tuberculin "B. E." (Bacillary Emulsion); Tuberculin "B. F." (Bouillon Filtrate); Antidysenteric Serum (Polyvalent); Streptococcus Vaccine (Polyvalent).

COMPULSORY health supervision of all undergraduates, male or female, will be undertaken by Columbia University with the opening of the fall term. In addition to the mental tests which will show whether he or she ought to spend four years in college, the entrant will go to the medical office for a comprehensive physical examination. The new student will learn the results of the physical tests, and he will be helped to get any needed treatment from the best sources. He must make every effort to get back to normal condition. There will be a general physical examination of students at least once a year, and comparative records will show how each individual progresses as to health. In addition, the medical officer will watch for indications of habits of wrong living. Every student will be required to learn at least two outdoor and two indoor sports. When a student's record falls off, he will be sent to the doctor before being sent to the dean.

## SOCIETY PROCEEDINGS

### INDIANA ACADEMY OF OPHTHALMOLOGY AND OTO-LARYNGOLOGY

The regular semi-annual meeting of the Indiana Academy of Ophthalmology and Oto-Laryngology was held Wednesday and Thursday, May 28 and 29, at the Hotel Severin, Indianapolis. The meeting was called to order Wednesday afternoon at 2 o'clock by the chairman, Dr. John R. Newcomb of Indianapolis, and the following papers were presented: "The Effects of Gas on the Respiratory Tract," by Dr. Lafayette Page; "Tight Strictures of the Oesophagus, Due to the Ingestion of Caustics," by Dr. George F. Keiper; "Case Report, Carcinoma of the Orbit, Probably Originating in the Lachrymal Gland," by Dr. C. Norman Howard; "Eye Symptoms Associated with a Case of Sleeping Sickness," by Dr. Fred McK. Ruby; "Vertigo, Its Significance and Diagnosis in Relation to Medicine and Surgery," by Dr. Joseph D. Heitger.

At the business meeting, Wednesday evening, the following officers were elected for the ensuing year: President, Dr. W. S. Tomlin, Indianapolis; first vice president, Dr. F. G. Hackleman, Rushville; second vice president, Dr. Fred McK. Ruby, Union City; secretary-treasurer, Dr. B. J. Larkin, Indianapolis; councilors for three years, Drs. J. O. Stillson of Indianapolis and W. A. Hollis of Hartford City; councilors for two years, Drs. E. J. Lent of South Bend and J. W. Hadley of Frankfort; councilors for one year, Drs. T. C. Hood of Indianapolis and George H. Smith of Newcastle.

Thursday morning the society attended a clinic at St. Vincent's Hospital and in the afternoon visited the City Hospital, where they witnessed certain operations which Dr. G. S. Row had booked for the occasion.

Thirty-two members attended the session and it was decided to hold the January meeting at South Bend.

## THE TRUTH ABOUT MEDICINES

### PROPAGANDA FOR REFORM

COLLOSOL PREPARATIONS.—The Council on Pharmacy and Chemistry reports that Collosol Argentum, Collosol Arsenicum, Collosol Cocain, Collosol Cuprum, Collosol Ferrum, Collosol Hydrargyrum, Collosol Iodin, Collosol Manganese, Collosol Quinin and Collosol Sulphur are inadmissible to New and Nonofficial Remedies because their composition is uncertain. In the few cases in which the therapeutic claims for these preparations were examined, the claims were found so improbable and exaggerated as to have necessitated the rejection of these products on this account. The term "Collosol" appears to be a group designation for what are claimed to be permanent colloidal solutions, marketed by the Anglo-French Drug Company, Ltd., London and New York. Were this claim correct, the Collosols should contain their active constituent in the form of microscopic or ultramicroscopic suspensions. The Council was, however, obliged to question the colloidal character of the preparations. A number of samples submitted to the Council had separated and Collosol Hydrargyrum was not a colloidal solution at all; also the ampules of Collosol Ferrum Contained a flocculent precipitate. If either of these two preparations were injected intravenously as directed, death might result (*Jour. A. M. A.*, June 7, 1919, p. 1694).

PULVOIDS CALCYLATES COMPOUND.—The Council on Pharmacy and Chemistry publishes a report on Pulvoids Calcyates Compound (The Drug Products Co., Inc.), not so much because the preparation is of any great importance, but as a protest against the large number of similar irrational complex mixtures which are still offered to physicians. These "Pulvoids" are tablets, each of which is said to contain "Calcium and Strontium Disalicylate 5 grs., Resin Guaiac  $\frac{1}{2}$  gr., Digitalis  $\frac{1}{4}$  gr., Colchium (Colchicum) Seed  $\frac{1}{4}$  gr., Squill  $\frac{1}{4}$  gr., Cascarin  $\frac{1}{16}$  gr. with aromatics." They were advertised among "Approved Remedies for La Grippe and 'Flu.'" . . . The Council admits that salicylates have a field in influenza in that they often afford relief from pain. There is no reason to suppose that a mixture of strontium and calcium salicylate—the calcium and strontium disalicylate of the "Pulvoids" is probably a mixture of strontium and calcium salicylates—has any greater salicylic effect than an equal amount of sodium salicylate. On the other hand, it is worse than useless to give colchicum, squill and digitalis for the relief of such pain. No educated physician will give resin of guaiac and "cascarin" in fixed proportions with salicylates (*Jour. A. M. A.*, June 14, 1919, p. 1784).

ANTITHYROID PREPARATIONS (ANTITHYROIDIN-MOEBIUS AND THYREOIDECTIN) OMITTED FROM N. N. R.—New and Nonofficial Remedies, 1918, contained a discussion of "antithyroid" preparations and described two of these: Antithyroidin-Moebius (E. Merck, Darmstadt, Germany) and Thyreoidectin (Parke, Davis and Company, Detroit, Mich.). The "antithyroid" preparations have not realized the expectations of their promoters, and are viewed with skepticism by practically all critical clinicians. Consequently, not-



withstanding the cautiously worded claims made for Thyreoidectin, the Council voted to omit this preparation from New and Nonofficial Remedies (Antithyroidin-Moebius had already been omitted because it was off the market) (Reports Council Pharm. and Chem., 1918, p. 50).

**BORCHERDT'S MALT EXTRACT WITH ALTERNATIVES.**—Each fluid ounce of this was claimed to contain iodine  $\frac{1}{30}$  grain, calcium iodide 1 grain, potassium iodide 2 grains, calcium chloride 8 grains. The preparation was declared inadmissible to New and Nonofficial Remedies: (1) because it did not contain free iodine as claimed; (2) because it was needlessly complex, and therefore irrational; (3) because the name of the preparation is not descriptive of its composition, but therapeutically suggestive (Reports Council on Pharm. and Chem., 1918, p. 51).

**CEPHAELIN AND SYRUP CEPHAELIN-LILLY OMITTED FROM N. N. R. AND SYRUP EMETIC-LILLY NOT ACCEPTED.**—New and Nonofficial Remedies, 1918, described cephaelin (an alkaloid obtained from ipecacuanha root) and listed Syrup Cephaelin-Lilly as a pharmaceutical preparation of it. In 1918 Lilly and Company advised that the name of its preparation had been changed to Syrup Emetic. The Council directed the omission of Syrup Cephaelin-Lilly and voted not to admit Syrup Emetic because the name does not indicate the potent ingredient of the simple pharmaceutical preparation and in that it is therapeutically suggestive. Emetics are powerful agents, and preparations containing them should not be sold under noninforming names. As the cephaelin syrup was the only preparation of cephaelin admitted to New and Nonofficial Remedies and as the alkaloid appears to have no important therapeutic field, the Council also omitted cephaelin from the book (Reports Council Pharm. and Chem., 1918, p. 52).

**COLALIN OMITTED FROM N. N. R.**—Colalin is a bile salt preparation claimed to consist essentially of hyoglycocholic and hyotaurocholic acids. It is manufactured by Rufus Crowell and Company, Somerville, Mass., and marketed by Schieffelin and Company. An examination of the current advertising for Colalin revealed that claims were made for it which were not in harmony with the known actions of bile preparations. As these claims were not substantiated by evidence nor revised in accordance with a request sent to the manufacturer and the agent, the Council directed the omission of Colalin from New and Nonofficial Remedies (Reports Council on Pharm. and Chem., 1918, p. 52).

**DIPHTHERIA BACILLUS VACCINE OMITTED FROM N. N. R.**—The Council directed the omission of diphtheria bacillus vaccine from New and Nonofficial Remedies because the manufacturer of the only preparation of this vaccine advised that its sale had been discontinued (Reports Council Pharm. and Chem., 1918, p. 54).

**EMPYROFORM OMITTED FROM N. N. R.**—Empyroform is a condensation product of birch tar and formaldehyde. The Council voted to omit the preparation from New and Nonofficial Remedies because its usefulness is doubtful and because the agents were not in a position to submit further evidence for its value (Reports Council on Pharm. and Chem., 1918, p. 55).

**FORAL.**—Foral is a depilatory preparation sold with special claims for its use for the removal of hair prior to surgical operation or the dressing of wounds. The Council declared Foral inadmissible to New and Nonofficial Remedies: because it is an unessential and irrational modification of the well known depilatory composed of barium sulphide 2 drachms, zinc oxide 3 drachms and starch 3 drachms, and because it is marketed under a noninforming name and with unwarranted claims (Reports Council on Pharm. and Chem., 1918, p. 55).

**GLYCEROSAL.**—This was said to be a mixture of glyceryl salicylates prepared by heating methyl salicylate with glycerol. The Council declared Glycerosal inadmissible to New and Nonofficial Remedies because unwarranted claims were made for it and because there was no evidence to indicate that it had any advantage over other salicyl preparations, such as methyl salicylate, spirosal, etc. (Reports Council on Pharm. and Chem., 1918, p. 57).

**CHIONACEA.**—According to the catalog of Nelson, Baker and Co., the composition of Chionacea is: Each fluidounce contains: Tinct. chionanthus 180 min., Tinct. echinacea 90 min., Euonymus 12 grs., Lappa 16 grs., Traxacum 16 grs., Syrup senna 120 min., Sol. sodium phosphate conc. 24 min. The merits of the preparation may be estimated by the following: According to the Epitome of the U. S. P. and N. F., chionanthus, or fringed tree bark, is an absolute drug formerly used by eclectics and homeopaths in hepatic disorders and syphilis but has no definite indications for its use. Echinacea was examined by the Council on Pharmacy and Chemistry in 1909. Of this drug, the Epitome states "The claims for this drug as an 'alterative' and antisiphilitic are extravagant and unwarranted. There are no established indications for its use" (*Jour. A. M. A.*, June 14, 1919, p. 1787).

**MORE MISBRANDED NOSTRUMS.**—The following have been found misbranded under the Federal Food and Drugs Act: Samaritan Nervine, containing nearly 19 per cent. potassium bromide; Phenol Sodique, reported on by the Council on Pharmacy and Chemistry in 1907; Nuxcara, containing alcohol, cascara, strychnine and berberine; Dr. Upham's Valuable Electuary, a tablet composed essentially of resins, sugar, sulphur, gum and vegetable extractives (*Jour. A. M. A.*, June 21, 1919, p. 1858).

---

## BOOK REVIEWS

---

**INFORMATION FOR THE TUBERCULOUS.** By F. W. Wittich, A.M., M.D., Instructor in Medicine and Physician-in-charge, Tuberculosis Dispensary, University of Minnesota Medical School; Visiting Physician, University Hospital. Minneapolis, Minn. Cloth, \$1. St. Louis: C. V. Mosby Company, 1918.

This little book, as its title indicates, is intended for sufferers from tuberculosis. The material it contains is based on talks given by the author—himself apparently cured of this disease—to patients while he was doing sanitarium work. The author's purpose is

(Concluded on adv. page xviii)

# In Many a Hurry Call

The doctor will find Thromboplastin solution (Armour) a most convenient thing to have in his case. It is a specific hemostatic and acts promptly.



## Thromboplastin Solution (*Armour*)

is made from the brains of kosher-killed cattle and is standardized physiologically on oxalated blood, is guaranteed to be of full therapeutic strength and is sold in dated packages—25 c. c. vials.

## Pituitary Liquid (*Armour*)

is the physiologically standardized solution of Posterior Pituitary and is absolutely free from chemical preservatives.

A small dose is suggested for obstetrical work— $\frac{1}{2}$  c. c. ampoules. Boxes of 6.

For surgical work 1 c. c. ampoules. Boxes of 6.

As manufacturers of the endocrine gland and other organo-therapeutic agents our facilities are at the service of the medical profession.

*Armour's Sterilized Catgut Ligatures* are offered in standard (60 inch) and emergency lengths (20 inch) plain and chromic.

**ARMOUR AND COMPANY**  
CHICAGO

4253



*"It is not so much where one takes the treatment, as how he takes it."—Brehmer.*

## The Rockhill Sanatorium for the Treatment of Tuberculosis

Beautifully situated on Indian Hill, ten miles from the center of the city

A modern home-like institution with every convenience where the cardinal points of the treatment—rest, fresh air, nutritious food, and peace of mind can be had. Write for booklet.

Artificial Pneumothorax and Tuberculin  
given in suitable cases

City Office 910 Union Central Bldg., CINCINNATI, OHIO

DR. C. S. ROCKHILL  
Medical Director

## The Dominant Note

in "The S&D Chord of Service" is

### "I Will Always Do My Best"

That "note" rings true from the crude drug to the finished pharmaceutical; every member of our laboratory staff feels a personal responsibility of his (or her) part of the scientific production of "S&D QUALITY PRODUCTS."

And the same "note" rings true all thru our selling system—the other "notes" of the chord being "courtesy" and "sincerity."

*Sharp & Dohme*



(Continued from page 204)

to deal with those questions pertaining to this disease which invariably come up and which are most frequently asked by the tuberculous. A book containing information of such a kind is of real service not only to those affected by the disease, but to many of the physicians who are called on to restore these sufferers to health and happiness.

**DISPENSARIES: THEIR MANAGEMENT AND DEVELOPMENT:** A Book for Administrators, Public Health Workers, and All Interested in Better Medical Service for the People. By Michael M. Davis, Jr., Ph.D., Director of the Boston Dispensary; and Andrew R. Warner, M.D., Superintendent of Lakeside Hospital, Cleveland. Cloth, \$2.25. New York: The Macmillan Company, 1918.

The subject of dispensaries and dispensary treatment is at present a very live one. There is a great lack of knowledge in regard to that, not only on the part of the laity but on the part of the profession as well. Every medical man, whether he is himself directly interested in a dispensary or not, ought to have a well-defined idea of the scope and significance of such an organization. In this book such knowledge is presented. The subject is treated by men of considerable personal experience in dispensary management and development. They give in this new work the gist of what there is to be said on the subject, so that all those interested in this particular work and subject will find the volume one of tremendous value.

**PROGRESSIVE MEDICINE.** Volume XXII, No. 2. (June, 1919.) Edited by Hobart Amroy Hare, M.D., Professor of Therapeutics, Materia Medica and Diagnosis at Jefferson Medical College; Assisted by

Leighton F. Appleman, Instructor in Therapeutics, Jefferson Medical College. Lea and Febiger, Publishers, Philadelphia and New York.

The subject of hernia, in all its aspects, is reviewed by Coley.

Surgery of the abdomen, exclusive of hernia, is reviewed by Wilensky. This review embraces over 100 pages, and is fully up to the standard of former reviews of this subject by other writers.

Gynecology is again reviewed by John H. Clark. He takes up about sixty-five pages and gives everything new of importance that has come up in this field of surgery.

The interesting subject of disorders of nutrition and metabolism, diseases of the endocrine glands, and diseases of the blood and spleen, is reviewed by Elmer H. Funk. About seventy-five pages are devoted to this review, and in those pages the reader will find much of interest and value.

The concluding review of this issue is on ophthalmology, by William F. Hardy, and contains whatever new has been developed in this specialty during the past year.

**THE MEDICAL CLINICS OF NORTH AMERICA.** Volume II, No. 4. New York Number, January, 1919. Published bi-monthly by W. B. Saunders Company, Philadelphia and London.

Here is presented a series of unusually interesting clinics by some of the most noted clinicians and investigators of our largest city. The reader will find in this volume a wealth of material, not only of great interest but of inestimable value to him. No active practitioner should fail to read and study the knowledge to be obtained in this issue.

## Prescribe "Horlick's" for your patients convalescing from Influenza and concurrent epidemics.

It has been successfully used over a third of a century in anemic and run-down conditions, and is today extensively endorsed by the medical profession in the feeding of **INFANTS**, nursing mothers and the aged.

*Samples prepaid upon request*

**Horlick's Malted Milk Co.**  
RACINE, WIS.

Avoid imitations by specifying  
"Horlick's"  
the Original  
Malted Milk  
this is the package



# Stanolind

Reg. U. S. Pat. Off.

# Surgical Wax

For use in the hot wax treatment of burns, surgical wounds and similar lesions.

It is unapproached in purity and may be applied without incorporating with it any therapeutic agent.

Many advanced workers advocate its use in that manner.

However, surgeons may use it as a base for any of the published formulas, and may be assured that it is the purest and best wax that modern science can produce.

It conforms to the requirements of the Council of Pharmacy and Chemistry of the American Medical Association.

## Stanolind Petrolatum

### *In Five Grades*

"Superla White" is pure, pearly white, all pigmentation being removed by thorough and repeated filtering.

"Ivory White," not so white as Superla, but compares favorably with grades usually sold as white petrolatum.

"Onyx," well suited as a base for white ointments, where absolute purity of color is not necessary.

"Topaz" (a clear topaz bronze) has no counterpart—lighter than amber—darker than cream.

"Amber" compares in color with the commercial grades sold as extra amber—somewhat lighter than the ordinary petrolatums put up under this grade name.

## STANDARD OIL COMPANY

(Indiana)

*Manufacturers of Medicinal Products from Petroleum*

910 S. Michigan Avenue

Chicago, U. S. A.



# THE HOUSE WITH A POLICY

## 2. *Standardization.*

THOUSANDS of physicians still in active practice recall the serious defects of nearly all medicinal preparations thirty-five or forty years ago—their lack of uniform potency, their variable activity between the two extremes of worthlessness and danger.

It was back in 1879, four decades ago, that we brought into existence the first standardized preparations of vegetable drugs. We called them "Normal Liquids," but this title was soon changed to "Fluid Extracts."

For the first time in the history of medicine scientifically accurate preparations were placed at the disposal of physicians. We immediately published the results of our researches and advocated the extension of chemical standardization to all galenical preparations as quickly as proper methods could be devised.

A long fight ensued. Our competitors accused us of attempting to foist a fad on the medical public. Others charged us with commercial insincerity. We were met with ridicule and opposition on every hand.

Later on, in 1897, we took the next step by adopting the principle of physiological standardization. We had found

in the meantime that certain drugs would not lend themselves to chemical assay—drugs like ergot, aconite, cannabis, digitalis, and strophanthus. So we tested them on living animals and worked out standards of potency and uniformity.

History repeated itself. We were again met with opposition from many quarters—from our competitors chiefly, of course, but from others as well. But the time came when we were seen to be right. And now what do we find? The principle of chemical standardization and the principle of physiological standardization are both recognized in the United States Pharmacopœia. Each succeeding edition of this official guide subjects an increasing number of drugs to the process of chemical or physiological assay.

As for ourselves, it may be said that today no less than one thousand and five of our products are rendered uniformly accurate and reliable through the standardization of one or more of their ingredients.

As we were the first to practice standardization, so have we always been its chief exponents, and we are today giving it the benefit of more constant study and a far wider application than any other manufacturing house in existence.

PARKE, DAVIS & COMPANY

# THE JOURNAL

OF THE

## Indiana State Medical Association

Owned, Published and Controlled by the Indiana State Medical Association

ISSUED MONTHLY under the Direction of the Council

VOLUME XII  
NUMBER 8

FORT WAYNE, IND., AUGUST 15, 1919

PER YEAR \$1.50  
SINGLE COPY 20 CENTS

### CONTENTS

ORIGINAL ARTICLES		PAGE	EDITORIALS		PAGE
Medical Organization Work. W. H. Stemm, M.D., North Vernon, Ind.....		205	Responsibilities of American Medicine.....		212
Improving the Wassermann Test. Ice Box Incubation the Latest Step. B. W. Rhamy, M.D., Fort Wayne, Ind..		207	Importance of Diet.....		212
Nephritis and Infections of the Urinary Tract. Charles G. Beall, M.D., Fort Wayne, Ind.....		209	Relationship Between Influenza and Syphilis of the Nervous System .....		213
			Editorial Notes .....		214
			MISCELLANEOUS		
			Deaths .....		216
			News Notes and Personals.....		217
			The Truth About Medicines.....		222
			Book Reviews .....		224

NEXT ANNUAL SESSION, INDIANAPOLIS, SEPT. 24, 25, 26, 1919.

LIST OF OFFICERS AND COMMITTEES ON ADV. PAGE 2.

ENTERED AS SECOND CLASS MATTER, JANUARY 20, 1908, AT THE POSTOFFICE AT FORT WAYNE, INDIANA, UNDER ACT OF CONGRESS OF MARCH 3, 1879. ACCEPTED FOR MAILING AT SPECIAL RATE OF POSTAGE PROVIDED FOR IN SECTION 1103, ACT OF OCTOBER 3, 1917, AUTHORIZED OCTOBER 18, 1918.

## New Books

### ROENTGEN INTERPRETATION—HOLMES & RUGGLES.

Will prove of practical value to those in search of a *working knowledge of Roentgen Interpretation*. The illustrations have been chosen as types of lesions or as momentary phases of constantly changing and extremely variable processes.

Octavo, 211 pages, with 181 illustrations. Cloth, \$2.75 net.

### HYGIENE AND PUBLIC HEALTH—PRICE.

The new (2nd) edition of this epitome is up to the minute.

12 mo, 280 pages. By George M. Price, M.D., Director, Joint Board of Sanitary Control, N. Y., etc. Cloth \$1.50 net.

### PRINCIPLES OF NURSING—BROWN.

A new work, emphasizing the clinical features throughout.

12 mo, 262 pages, illustrated. By Charlotte A. Brown, R.N., Supt. of Nurses, New England Hospital for Women and Children, etc. Cloth, \$1.75 net.

### APPLIED ANATOMY AND KINESIOLOGY—BOWEN.

A second edition of this work—helpful in rehabilitation work and general body-building.

Octavo, 334 pages, with 197 illustrations. By Wilbur P. Bowen, M.S., Professor of Physical Education, Michigan State Normal College. Cloth, \$3.50 net.

### MEAT HYGIENE—EDELMANN.

The new (4th) edition has been revised by John R. Mohler, A.M., V.M.D., Chief of U. S. Bureau of Animal Industry, and A. Eichhorn, D.V.S., Lederle Antitoxin Laboratories, and contains much new material.

Octavo, 472 pages, with 166 illustrations. Cloth, \$4.75 net.

PHILADELPHIA  
706-710 Sansom Street

LEA & FEBIGER

NEW YORK  
2 West 45th Street



# THE INDIANA STATE MEDICAL ASSOCIATION

Next Annual Session, Indianapolis, September 24, 25 and 26, 1919

## OFFICERS AND COMMITTEES FOR 1919

President.....W. H. STEMM, North Vernon  
 First Vice-President.....L. L. WHITESIDES, Franklin | Third Vice-President.....H. B. HILL, Logansport  
 Second Vice-President.....STEPHEN B. SIMS, Frankfort | Secretary-Treasurer.....CHARLES N. COMBS, Terre Haute  
 Executive Secretary, FREDERICK E. SCHORTEMEIER, 314 Hume-Mansur Building, Indianapolis.

## SECTION OFFICERS

Surgical Section—Chairman, Goethe Link; Vice-Chairman, H. K. Bonn; Secretary, H. O. Shafer.  
 Medical Section—Chairman, V. V. Cameron; Vice-Chairman, A. C. Kimberlin; Secretary, Jane Ketcham.  
 Eye, Ear, Nose and Throat Section—Chairman, John R. Newcomb, Indianapolis; Secretary, E. M. Shanklin, Hammond.

## DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION

For one year (term expires December 31, 1919), Charles Stoltz, South Bend; Albert E. Bulson, Jr., Fort Wayne. Alternates, E. E. Evans, Gary; H. B. Hill, Logansport. For two years (term expires December 31, 1920), Joseph Rilus Eastman, Indianapolis. Alternate, Miles F. Porter, Fort Wayne.

## COUNCILORS

Chairman, G. W. H. Kemper, Muncie.

DISTRICT	TERM EXPIRES	DISTRICT	TERM EXPIRES
1st—J. Y. Welborn, Evansville.....	December 31, 1920	7th—T. B. Eastman, Indianapolis.....	December 31, 1920
2d—J. B. Maple, Shelburn.....	December 31, 1918	8th—G. W. H. Kemper, Muncie.....	December 31, 1921
3d—Walter Leach, New Albany .....	December 31, 1919	9th—William R. Moffitt, Lafayette.....	December 31, 1919
4th—A. G. Osterman, Seymour.....	December 31, 1920	10th—E. M. Shanklin, Hammond.....	December 31, 1920
5th—Spencer M. Rice, Terre Haute.....	December 31, 1918	11th—G. G. Eckhart, Marion.....	December 31, 1918
6th—O. J. Gronendyke, Newcastle.....	December 31, 1919	12th—E. E. Morgan, Fort Wayne.....	December 31, 1919
		13th—H. M. Miller, South Bend.....	December 31, 1920

## COMMITTEES

COMMITTEE ON ADMINISTRATION AND MEDICAL DEFENSE—Permanent Members, President (W. H. Stemm, North Vernon) and Editor and Manager of THE JOURNAL, Albert E. Bulson, Jr., Fort Wayne; E. M. Shanklin, Hammond (term expires December 31, 1921); Frank B. Wynn, Indianapolis (term expires December 31, 1920); George R. Daniels, Marion (term expires December 31, 1919).

COMMITTEE ON SCIENTIFIC WORK—H. O. Shafer, Rochester; Jane Ketcham, Indianapolis; E. M. Shanklin, Hammond; Charles N. Combs, ex-officio, Terre Haute.

COMMITTEE ON PUBLICATION—The Council and A. E. Bulson, Jr., Fort Wayne.

COMMITTEE ON CREDENTIALS—George W. Spohn, Elkhart; P. C. Bentle, Greensburg; F. E. Schortemeier (executive secretary) Indianapolis.

COMMITTEE ON NECROLOGY—G. W. H. Kemper, Muncie.

COMMITTEE ON SCIENTIFIC EXHIBIT—B. D. Myers, Bloomington; Bernard Erdman, Indianapolis; A. G. Osterman, Seymour; H. W. McDonald, Newcastle; William A. Thompson, Liberty; A. E. Bulson, Jr., Fort Wayne; F. E. Schortemeier (executive committee) Indianapolis.

COMMITTEE ON ARRANGEMENTS—C. H. McCaskey, Indianapolis, Chairman; Clarke Rogers, Indianapolis, and A. L. Marshall, Indianapolis.

# FREE

Sterile  
Specimen  
Containers  
Slides  
Culture  
Media and  
Complete  
Fee Table  
on request

Write or  
Wire

# Clinical Laboratory Analyses

The kind of clinical laboratory work that commands respect

Wassermann and other complement fixation tests ...\$5.00

Lange Colloidal Gold test of Spinal fluid .....\$5.00

Autogenous Vaccines. In single vials or ampules ..\$5.00

Tissue Diagnoses. Frozen section, paraffin or celloidin \$5.00

ABDERHALDEN PREGNANCY and other

Abderhalden reactions.....\$5.00

MILK, FOOD, SANITARY AND TOXOLOGICAL INVESTIGATIONS

Accurate Analyses of All Secretions, Excretions and Body Fluids

ESTABLISHED BY  
DR. M. HERZOG  
DR. H. C. SWEANY  
DR. MEYER D.  
MOLEDEZKY  
DIRECTOR

*Laboratory of*  
**PATHOLOGY AND BACTERIOLOGY**  
THE MOST MODERN EQUIPPED LABORATORIES IN THE U.S.

1130 MARSHALL FIELD ANNEX—25 E. WASHINGTON ST.

PHONE  
RANDOLPH  
6552-6553  
CHICAGO  
ILL.

# THE JOURNAL

OF THE

## INDIANA STATE MEDICAL ASSOCIATION

DEVOTED TO THE INTERESTS OF THE MEDICAL PROFESSION OF INDIANA

ISSUED MONTHLY under Direction of the Council

ALBERT E. BULSON, Jr., B.S., M.D., Editor and Manager

OFFICE OF PUBLICATION: 406 West Berry Street, FORT WAYNE, INDIANA

VOLUME XII

FORT WAYNE, IND., AUGUST 15, 1919

NUMBER 8

### ORIGINAL ARTICLES

#### MEDICAL ORGANIZATION WORK\*

W. H. STEMM, M.D.

President of the Indiana State Medical Association  
NORTH VERNON, IND.

In looking over the field of action of organized medicine covered by the past fifteen or twenty years, we note many and wonderful changes; all of which have been for the betterment of the profession as a whole, and the individual particularly in affording the doctor better facilities for equipping himself to follow his vocation.

For our purpose two views of these activities are important and interesting: Retrospective and prospective: the one view is so essential to the other that they cannot be advantageously separated. Retrospectively, we see our faults, failures, mistakes and we can measure our resources and capabilities for the prospective advance along scientific, financial and social lines, the acquirement of which is regarded by the world at large as the goal, and its benediction of—well done—is the reward for the struggle.

Organization is one of our most valuable assets. It enabled us to obtain a higher standard of medical education, the most valuable of our possessions. The necessity for this higher standard was long recognized by observing and thinking men, both in the profession and out of it. It could not be accomplished until the medical profession was divided into such divisions and units that the individual could be reached, accounted for and classified: taking stock, so to speak. The result was very illuminating indeed. It was discovered that thousands of physicians did not take a medical journal. The medical

libraries of a major per cent. of these men consisted of a few obsolete volumes that were never read. Medical colleges were discovered the equipment of which consisted of an office and a few sparsely furnished rooms, with a mediocre staff of instructors. The product of such a mill can be easily imagined. The American Medical Association at once urged a house cleaning and inaugurated a campaign of education. Missionaries, organizers and instructors were sent abroad in the land. The present organization was built up; failures and delinquencies were pointed out and steps taken to correct them; diploma mills were abolished. Where medical colleges existed medical departments of universities were established, and to-day our system of medical education is second to none in the world, except as to age. All this took time, hard work and money; it never would have been accomplished except under the present régime of the American Medical Association with its indomitable executive administration. The benefits to the medical profession resulting from this regeneration cannot be estimated in dollars and cents. Laws were enacted defining the preliminary requirements for the beginning of the study of medicine and establishing the final qualifications admitting one to the practice of medicine. As the importance of the present laws become better understood by legislative bodies it is safe to assume that still further improved legislation will be enacted.

The war brought to light many poorly qualified practitioners who were unable to meet the qualifications of the medical department of the army. This is not surprising when it is remembered that these men offering their services to the government came from different states, with different or even no standards of medical education. Again, many qualified men at graduation, afterwards, from inertia or other causes, failed to keep abreast of medical progress and

\* Read before the Fourth District (Ind.) Medical Society, May 27, 1919.



deteriorated and eventually became scientific failures. General Munson, in an article in a recent issue of *The Journal of the American Medical Association*, reviewing the work and results of the Medical Officers' Training Camps, calls attention to the fact that a substantial per cent. of those applying for commissions as medical officers in the army were incompetent to practice medicine in civil life, although being of good report in the communities from which they came. This was especially noticeable in men claiming qualifications as specialists, their pretensions collapsing under the scrutinizing eye of the highly trained army surgeons. Many of these incompetent men are the product of an obsolete educational system, long since relegated to the scrap pile; but no one can palliate nor excuse his deficiencies on the ground of being the victim of his environment. The facilities for improvement are many and easily obtained; a progressive physician will soon discover and make use of them.

A thorough preliminary education, then the medical education as demanded by the leading universities, combined with a proper temperamental disposition, industry, energy, strict observance of the Golden Rule, active membership in medical organizations, active participation in the political and civic affairs of the community in which one lives, will give the medical profession an influence and standing that will make it a power in the state for good.

While looking back and congratulating ourselves on the reforms that have been accomplished, we should not overlook the fact that many faults and objectionable features have not been eliminated. Today the medical profession is confronted by many and various problems. These problems are within and without our ranks and they concern both the educated and the ignorant. Unfortunately the public classes the bad with the good, making a lump sum of the combination, then regard the total with suspicion. The young disciple of Æsculapius, after graduating, locating and equipping his office, will have plenty of time to observe the physicians about him; to note their good and bad traits and their ability and lack of ability. At the same time he may become restless and discontented, the natural result of a very limited practice. It occurs to me that this is the danger period of a medical man's career. It is then, if ever, that the young man is in need of the help, aid and sympathy of the older physicians practicing in that community. It is during this quiescent period of his practice that he faces the right and wrong path through the medical wil-

derness. One of the objects that particularly attracts his attention is the man of good address without brains or principle, who knows when to keep his mouth shut, with a clientele that will pay his price, fight to the death for him, and kiss the hand that signs the death certificate. If our young friend is blessed with the proper amount of stamina, this example, tempting him to stray from the path of rectitude will be resisted. Should he be possessed of yellow streak, however faint that streak may be, then the medical society has lost and the society of troublemakers has gained an active member.

The medical profession also is handicapped by a large per cent. of physicians whose sole and only aim in life is self. They are found in every community; they are troublemakers; they take no interest in the welfare of the profession; they are unethical, never regard the Golden Rule, though oftentimes qualified, able, influential, conscientious in every thing except their treatment of their colleagues. They are the Bolsheviks of medicine. This type of practitioner is far more dangerous than the known charlatan. His insatiable greed, the desire to do all the work, resorting to any method to accomplish that end, begets a retaliatory spirit in his confrères which results in bickerings, jealousies, contention and all the rules of honorable conduct are forgotten. The laity is divided into partisan groups, and, the last estate of that community, from a medical standpoint, is worse than the first. It is a problem to decide the wisest course to pursue in dealing with such individuals; whether to call on the Almighty to change their dispositions, or to invoke the aid of the devil and have them cast into outer darkness where they properly belong.

It is rare that a state legislature convenes that bills are not introduced which if passed would either lower the standard of medical education, or legalize all kinds of fakes and charlatans. The sole aim of the brood of harpies who are responsible for such bills is profit by commercializing the ailments of their fellow man. To combat this menace our resources must be used to the limit; our most capable men must contribute their time and talent to convince legislators of the injustice of such legislation. From the standpoint of the party of the first part, it is almost incomprehensible why individuals of seeming intelligence trust their health and lives in the hands of the most fantastic and ignorant pretenders, with a confident and child-like faith that incurable diseases will be eradicated, that they will be restored to health and happiness. Over this class the physician has

no control; his only consolation is that time and a better understanding of pathology will convince them of the fallacy of such a belief. Our contention always has been that if these self-appointed saviors of suffering humanity will qualify under the legal standard of medical education we do not care three whoops what brand of therapeutics they employ to cure their patients. We do object to having odium cast on our calling by illiterate money grabbers whose only claim to skill in the healing art is their brazen effrontery and their false pretensions. Reduced to its elements the practice of medicine separates into two classes, the physician and his patients; the man who performs the work and the people who pay him his wages. "United we stand, divided we fall." Therefore, our only weapon of offense and defense is the organization; on the harmonious working of this unit depends a successful defense against enemies from whatever source they may come, at the same time eliminating misunderstanding among the members.

After telling our troubles to a policeman we are still confronted by the inexorable future. The experience of the past teaches us how and when to avoid mistakes and failures. In the profession and, in the construction and government of our organization, there are many men of many minds. It is selfevident that all will not be in complete accord. The only satisfaction, if it is a satisfaction, is that all other professional, trade and commercial organizations, trade unions and associations, have the same complaints and troubles with their members and nonmembers.

Of the total physicians in this district, how many are members of county societies? If all are not members, why not? What per cent. take an active interest in society meetings? Is the medical profession mobilizing, or, demobilizing? These questions must be answered by the present membership. It is up to us. Are we equal to the task? Our economic and professional prestige, the elimination of the ignorant, the undesirable, the pseudo-scientific, the pretender, the enactment of sanitary laws and their proper administration, the teaching of social hygiene and all moral reforms so necessary for the physical regeneration and conservation of the health of present and future generations depends on a united effort of reform and education by bodies of this kind, which spells the county medical society on which the superstructure of the district, state and national associations is builded. It has been said that "The worst vice, is advice," therefore I will offer

nothing along that line, but leave these problems to the busy men, as they are the people who do things, confident that as time passes, many of the sins of omission and commission of today will have disappeared by tomorrow; constantly keeping in mind that time and tide waits on no man. Therefore be up and doing.

Now, gentlemen of the Fourth District Medical Society, in all probability this is the last time I shall address you on the subject of medical organization. That duty will be taken up by others better qualified, and with more modern ideas. For thirty-three years I have been interested in the problems pertaining to this subject, and have devoted much thought, time and work to that end. As time passes, the more I am convinced of the value and importance to the individual physician of medical organization. Today the imperative necessity of a united profession is no longer doubted by any thinking man. Without it chaos would reign supreme; isms and pathies, fads and fancies would be such a dominant factor that the practice of medicine would be a byword and reproach, its traditions upheld by a very few practitioners, the survival of the fittest.

While singing my councilor "Swan Song," I wish to assure you that my interest in this society does not vanish with the office; I expect and intend to contribute my mite toward making it a scientific shining light, a power and influence for good in this district. If I have been instrumental in contributing anything toward elevating and benefiting the medical profession of the Fourth District, I shall feel amply repaid for all the years of work that are now past. While wishing you a happy meeting with Dame Fortune, I trust you will never meet her daughter.

---

## IMPROVING THE WASSERMANN TEST

ICE BOX INCUBATION THE LATEST STEP

B. W. RHAMY, M.D.  
FORT WAYNE, IND.

There is, perhaps, no laboratory procedure of more value in diagnosis nor more widely used by the clinician and diagnostician than the Wassermann test. Any improvement, therefore, in its technic making for accuracy and dependability should be widely acclaimed. It will be remembered that in the early days the Wassermann gave approximately these results in known cases of syphilis:

Primary syphilis after two weeks 70 per cent.



positive, secondary 90 per cent. positive, tertiary about 80 per cent., latent 50 per cent., hereditary lues 95 per cent., general paralysis 88 per cent., tabes 63 per cent. and cerebrospinal syphilis 48 per cent. These figures, of course, were with proper technic and in the hands of skilled serologists. As the test became more widely used there have sprung up many small laboratories operated mostly by workers with little experience and in the hands of these "half-baked" serologists the percentage of error became a by-word among clinicians to such an extent that it was not at all an uncommon practice to send blood from the same patient to two or three different laboratories and often the results were so conflicting that the clinician was at sea and lost confidence in the test. Fortunately bitter experience has shown clinicians that if they want reliable results they must submit their Wassermann bloods to reliable and experienced serologists.

It is well known that most marked cases of lues give complete complement fixation, i. e. (a +++++ reaction or 100 per cent. positive), and by the way, it matters little whether the plus marks are used or percentages if one bears in mind that each plus mark is equivalent to 20 to 25 per cent. It seems to the writer, however, that where a one plus (+) reaction occurs it is better to mark it that way, for if the figures were used one could take their choice between saying 25 per cent. positive or 75 per cent. negative. In some cases, especially of long standing, only partial reactions of one plus (+) or even doubtful ( $\pm$ ) occur, due to the presence of variable amounts of syphilitic antibody, and, in some cases at times, for physiologic reasons there may be none at all. This is why the percentages of positive reactions in known cases of syphilis are not 100 per cent. Any improvement of technic which will raise these percentages should be welcomed by serologists and clinicians alike. In these bloods giving a complete reaction, complement fixation takes place almost at once, whereas, as Simon<sup>1</sup> has pointed out, the degree of dilution of the syphilitic antibodies, i. e., their relative number in the blood has to do with the length of time it takes to fix complement. As he puts it, "The velocity of the reaction is proportionate to the quantity of reacting antibody." Thus a serum diluted 1 to 5 or 1 to 10 giving a +++ plus reaction, if diluted 1 to 20 or 1 to 30 would not fix complement in the time usually allotted in the test,

namely, one hour, and would, therefore, show negative. This, then, is a very important step in the refinement and delicacy of the test, that in the first incubation for fixation of complement the serum should not be diluted beyond 1 to 10 for, as Simon points out concerning the mechanism of the test, the reaction evidently follows the law of mass action, the antibody apparently playing the rôle of a catalytic agent entering into combination with complement or antigen, but being released immediately it accomplishes the work to bind other units of complement. This being true we can readily understand that the larger the number of units of antibody the sooner complement is fixed and, vice versa, the fewer units of antibody the longer it would take them to accomplish complete fixation. In these latter cases then a longer period of incubation is necessary. As complement deteriorates rapidly in the incubator, in the original test it was not practical to lengthen the incubation period. This objection was to a large extent eliminated by the introduction by Rhamy in September, 1917, of a complement preservative and stabilizer, namely, 10 per cent. solution of sodium acetate as the diluent for guinea-pig serum. Rhamy's work was corroborated by Noguchi<sup>2</sup> and again by Rhamy,<sup>3</sup> and this preservative is now being used extensively all over the world. Other improvements of this order are: (1) preserving the blood-cell emulsion with 0.125 per cent. formalin solution, and (2) preserving the amboceptor with glycerol. Another very practical step is that of standardizing the technic of the test and of the reports thereof so that a ++ plus reaction from one serologist would mean the same the country over. A great step was taken in this direction in the army laboratories and it is to be hoped that before long this improvement will be accomplished. As time has gone on many investigators have been working on improvements to the Wassermann and each year more refinement of technic makes the test more sensitive. In 1910 Browning, Cruikshank and McKenzie<sup>4</sup> advocated reinforcement of antigen with cholesterin on the ground that this made the test more delicate. Walker and Swift<sup>5</sup> ascertained that the most favorable form for use of cholesterin was 0.4 per cent. added to the alcoholic extract and thought that there was no question but that considerably more positive results could

2. Noguchi: J. A. M. A. (April 27) 1918, p. 1252.

3. Rhamy: J. A. M. A. (June 29) 1918.

4. Browning, Cruikshank and McKenzie: J. Path & Bacteriol., 1910, 14: 484.

5. Walker and Swift: J. Exper. M., 1913, Vol. 12.

1. Simon: J. A. M. A., May 24, 1919.

be obtained in this way. Kolmer and also Zinsser, although both finding cholesterin antigen most delicate pointed out that caution should be exercised since occasionally positive results were obtained in cases clinically not syphilitic. Cholesterin antigen undoubtedly always gives stronger reactions than alcoholic or acetone insoluble antigens in the incubator. On account of its slight inhibitory action on normal serum, caution must be exercised in estimating the value of doubtful or 1 plus cholesterin antigen reactions where the simple antigen is negative. But occasionally one finds a serum which is negative to ordinary antigens but gives complete inhibition with cholesterin antigen. This occurs to the extent that cholesterin antigen gives about 10 per cent. more positives in lues than ordinary antigens and, therefore, is of great value in making for delicacy and refinement of the test although on account of its slight inhibitory action in the presence of normal serum it is best always to run it parallel with an ordinary antigen, i. e., alcoholic extract or acetone insoluble antigen. In practice, the correlation of the clinical symptoms with a slight positive cholesterin antigen in the face of a negative simple antigen ought to render the results clear since the nonsyphilitic cases in which these contradictory reactions occur, as shown by Smith and McNeal, are mostly acute articular rheumatism, pneumonia, jaundice and tuberculosis.

Smith and McNeal in 1912-1913 reported results obtained by incubating at different temperatures and as a result of their experiment advocated cholesterin antigen and incubation at icebox temperature 0°-8° C. Their results were corroborated by Coco and L'Esperence,<sup>6</sup> and again by Smith and McNeal<sup>7</sup> on the ground that complement deteriorates more rapidly at incubator than at icebox temperature. They tested 466 presumably leucic serums at both temperatures using alcoholic extract antigen and obtained 10.3 per cent. more positives at icebox than incubator temperatures. In 265 nonsyphilitic cases all were negative by both methods. Berghousen<sup>8</sup> reported comparative tests on 140 leucic serums and got 6 per cent. more positives by icebox incubation. Also in seventy-eight nonsyphilitics he got no false reactions in the icebox. Wile and Hasley<sup>9</sup> tested 459 leucic serums using cholesterin antigen and got the following results: In 72 cases of early primary

lues they got 20 positives by the incubator and 27 by icebox thereby demonstrating 7 cases earlier by the icebox method than by the old method. In 158 cases of secondary lues by the incubator they got 151 positives and 1 doubtful while by the icebox they got 152 positives; in 98 cases of tertiary lues by the incubator 67 positives and 8 doubtfuls while by the icebox they got 75 positives; in 131 cases of latent lues by the incubator 124 positives and 7 doubtfuls, while by the icebox 131 positives. To sum up, in 459 cases of all stages of syphilis 22 cases or 5 per cent. would have been deemed doubtful, nonsyphilitic or cured by the incubator but showed positive in the icebox. In 39 cases treated over a period of 18 months 50 per cent. showed negative or cured at the end of treatment by the incubator method while in the icebox only 6 per cent. were negative.

In the writer's hands the icebox method always gives stronger reactions by both simple and cholesterin antigens in all positive cases and has shown so far about 10 per cent. more positives than the incubator method and is, therefore, just that much more valuable both in diagnosis or in judging a cure. During treatment, however, if the clinician would judge whether the antibodies are decreasing, the incubator figures should be noted, for as will be seen from the foregoing, the incubator results are quantitative, i. e., the strength of the reaction depends on the number of antibodies in the blood while the icebox method of slow incubation (sixteen to twenty-four hours) gives the mass reaction spoken of by Simon. It is safe to say that in the hands of pathologists who have by long training and experience become thoroughly competent in using all these refinements of technic, the percentage of error in the Wassermann test will be very small indeed and given these conditions there is no process in biochemical diagnosis that will give the clinician more trustworthy information.

## NEPHRITIS AND INFECTIONS OF THE URINARY TRACT

CHARLES G. BEALL, M.D.  
FORT WAYNE, IND.

Urinary tract infections even exclusive of gonorrhea contribute a goodly percentage of total human disabilities. In a general practice they formed 2.5 per cent. of all cases seen. This is exclusive of venereal infections and the pyelitis of pregnancy.

6. Coco and L'Esperence: Arch. Int. Med. (Jan.) 1913.

7. Smith and McNeal: J. Immunol. (Dec.) 1916.

8. Berghousen: J. A. M. A. (April 5) 1919.

9. Wile and Hasley: J. A. M. A. (May 24) 1919.



That low grade infections in the body have an important bearing on the development of kidney degenerations no one, today, will question. Sinus infections, apical abscesses, diseased tonsils, chronic pulmonary infections, diseased gall bladder and urinary infections are the more common conditions that are considered to have a direct bearing on the development and progress of kidney degenerations.

It is the relation of this latter etiological factor in the development and progress of nephritis that I wish to discuss.

Urinary tract infections frequently give rise to no symptoms which suggest their presence, hence it must be looked for in the urine, a very simple procedure in the male but requiring catheterization in the female. Pus, of course, in the urine gives the clue.

Kidney and bladder infections are comparatively common in childhood and at times very difficult to cure. It would be interesting to follow these children through to adult life. Of course for this purpose a permanent clearing house for case records would be necessary. However, in adults we can study (1) the effect of urinary infections in individuals whose kidneys are apparently normal; (2) the effect of urinary tract infections in individuals whose kidneys are already damaged.

The following case reports shows the effects of a pyelitis on kidneys supposedly normal.

Mrs. L. F. A., aged 35. Double pyelitis due to *B. coli*, first discovered in 1913. Systolic blood pressure 135 mm. No cardiac hypertrophy. In spite of active treatment, including urinary antiseptics, autogenous vaccine, the removal of some possible offending teeth and the tonsils, the urinary infection remained. She maintained there was not much wrong with her and neglected treatment for a year but she found that every mild coryza or bronchitis she had "knocked her out."

June, 1914, blood pressure, systolic 225, diastolic 125, phthalein test first hour 52 per cent., second hour 18 per cent. There are now a few hyaline and granular casts and still much pus in the urine. Slight edema of ankles. Head feels odd at times. Fundi negative.

August, 1914, blood pressure 200 mm. Feels fine.

November, 1914, blood pressure 235 mm. Has had attack of temporary blindness but otherwise feels fine.

March, 1915, blood pressure 275. Continues to feel good.

June, 1915, blood pressure, systolic 195, diastolic 120.

January, 1916, blood pressure 220.

November, 1916, blood pressure 200. No edema. Urine contains much pus, a small amount of albumen and a few hyaline and granular casts. Feels good.

March, 1917, blood pressure 220.

October, 1917, blood pressure 190.

November, 1917, blood pressure 235.

December, 1917, blood pressure 240.

Jan. 21, 1918, suddenly went into coma and died in three hours. No necropsy. During all these five years this woman felt and looked in good health. She did her household work continuously except for a few short periods when she was under very active treatment.

C. S., aged 55. In December, 1917, comes because of stomach trouble which is diagnosed as hyperchlorhydria. It is also found that he has a mild cystitis which he is unconscious of. The salient features of the examination being a moderate cardiac hypertrophy, blood pressure 180. Urinalysis, specific gravity 1.015, alkaline reaction, trace of albumen, no sugar, sediment shows 10-20 pus cells per field, no casts, no blood. The cystitis is probably dependent on an old stricture. He states that a year ago his blood pressure was taken and found to be 130 mm. Under treatment the urine cleared up and the blood pressure is 135 mm. in February, 1918, and he considers himself well. June, 1919, he returns and gives the following history: Last October, while on a business trip, had influenza which was complicated by an acute uremia and he was unconscious seventeen days. He now feels as well as he ever felt and only comes to see if he is in good shape. The examination showed a moderate cardiac hypertrophy, blood pressure, systolic 158, diastolic 90. Urinalysis, specific gravity 1.006, alkaline reaction, trace of albumen, no sugar, no casts, many pus cells, a few red blood cells. Phthalein test first hour 25 per cent., second hour 11 per cent. Smear and culture of urine give pure culture of *B. coli*. I feel that this man's span of life will depend on our ability to control the urinary infection.

The most common example of the effect on damaged kidneys of urinary infections is furnished by men with enlarged prostates with subsequent cystitis and pyelitis. A man with an enlarged prostate, severe secondary infection, cardiac hypertrophy, high blood pressure, and low phthalein output has the prostate removed. The urinary infection clears up, the pressure lowers, the uremic symptoms clear up and he has a new lease on life.

In the treatment of these infections it is, of course, of preeminent importance to determine where the infection is located, bladder, prostate

or kidney, and next what, if anything, predisposed to infection and what is keeping it up. Has the patient an old stricture, a stone in the bladder or kidney, a ureteral stricture or an enlarged prostate? With an accurate diagnosis made the first indication is the removal of the mechanical factor or factors which favors the growth of bacteria. After this is removed the following therapeutic measures are available:

1. Rest.
2. Urinary antiseptics.
3. Large quantities of fluid.
4. Vaccines
5. General hygienic measures.

1. If the infection is acute or there is an exacerbation of a chronic infection, rest in bed is indicated. By this the work that the kidneys are called on to do is reduced by one-half or one-third.

2. The most valuable of the urinary antiseptics is hexamethylene, which should always be combined with acid sodium phosphate. This is best given frequently and with large quantities of water. There is some experimental evidence that shows oil of sandalwood to be more efficient in staphylococcic infections. Benzoic acid is another efficient drug. It is well at times to alternate the various antiseptics on the theory that an organism becomes somewhat acclimated to just one antiseptic.

3. Fluids are important for not only do they dilute toxins but they also mechanically wash away bacteria, pus and mucus.

4. Vaccines have been so abused that they are falling into disrepute, however, they are of very distinct value in pyelitis. The following general principle should govern their use. (a) Almost but not quite needless to say, the vaccine should be of the same organism or organisms causing the infection. (b) They should not be given in the acute stages. (c) The doses should not be given oftener than every four to seven days. (d) The initial dose should be small and later doses gradually increased, care being taken to avoid reactions.

5. A part of the kidney function can be taken care of by the skin and bowels and these excretory organs should be stimulated to their capacity. Saline cathartics are most valuable. The skin is best stimulated by frequent bathing and friction. The value of drugs for stimulating the skin is questionable and sometimes harmful. As regards diet, condiments should be excluded, together with smoked and preserved meats. Proteids should be reduced but not excluded.

The progress depends (1) on our ability to get rid of the infection; (2) on the amount of undamaged kidney substance left. It should be borne in mind that even though the infection cannot be entirely overcome, persistent treatment will delay destruction of kidney substance and prolong life.

---

REFERENCES.—A writer can often be judged by the references which he quotes. There is the author who gathers up (or has his assistant collect) all the literature bearing on the subject of his paper; he reads a little of it, perhaps, but most of his bibliography is added for the purpose of impressing the reader with his wonderful erudition. One can often see at a glance that the writer would have been foolish to have consulted half of the articles set down in his list. Then there is the writer who goes in more specifically (or with pretense to be more specific) and, taking his references from some author writing not long before on the same subject, gives not only his impressive list of "authorities" but the number and page of the journal in which they were published. Alas, too often, when one looks up these sources they are not to be found, as the magazine or its number of pages have (in the course of more than one such borrowing) become, through typographical blunders, sadly at fault. This troublesome little fraud is out.

Then there is the man who, standing on some lofty pinnacle (bluff would be a more appropriate word) of presumption, dashes off his little sayso with a kitetail of references following, some of which contain far more up-to-date material than he who has pretended to know their contents. This little superficiality happens but seldom, but it is not always unnoticed. It is unnecessary to add references to any work to show that it contains little that is new and original. There is nothing new under the sun and nothing really original. Everything grows out of what has preceded it, and it is refreshing not to be imposed on by a bibliography which dates back much beyond the immediate forerunner of the contained statements of an article. Where quotations are made, however, they should be accredited with accuracy and where a bibliography is taken bodily from some previous source it is incumbent on him who borrows it to see that every title is correct and every volume and page accurate. His reputation rests on it, for his sin, if he be much read, is sure to find him out.—*New York Medical Journal*, July 12, 1919.



# THE JOURNAL

## OF THE

### INDIANA STATE MEDICAL ASSOCIATION

Devoted to the Interests of the Medical Profession of Indiana

Office of Publication, 406 West Berry St., Ft. Wayne, Ind.

AUGUST 15, 1919

## EDITORIALS

### RESPONSIBILITIES OF AMERICAN MEDICINE

With the closing of the great war there has fallen on the shoulders of the American medical profession a mantle of grave responsibility to true scientific medicine. Up until the very recently past decades, we have been wont to look to Europe, and not infrequently to Germany and Austria, for a signal light along a path of investigation which we desired to pursue but that had as yet been entered only by foreign investigators. More latterly it has become recognized that America was coming more and more into her own as regards problems of scientific medicine and progress, and so the afflux of America to foreign centers of study became proportionately less great than in former years. Now, however, with western Europe practically pauperized, both from financial and intellectual standpoints, so many of her best medical men having been sacrificed in the great fight for humanity, it is left to America with her abundance of dollars and opportunities for research, to bear for a while the burdens of a scientific medical world.

Along this line one finds much food for thought in the recent address delivered by Dr. Graham Lusk before the American Society for Clinical Investigation, wherein he expresses considerable disappointment in the attitude of those men recently returned from the war and who lived largely in the past, with little enthusiastic hope for the future. He indicts the present day profession of our country with a tendency to "chasing butterflies" and implores against such pastime in the presence of an opportunity for carrying on treasured learning of the world and the fulfilment of our duty toward its future development. It is but natural that the future for German and French science in medicine should for the time being seem rather gloomy and even the stalwart Briton will be handicapped for quite some time in his pursuit of problems of medical research, but to us

Americans who have paid relatively small cost to our medical profession there comes the opportunity for taking a place at the head of the procession of medical progress and for this task we must be prepared. In the language used by Janeway many years ago, our medical schools should adopt as their primary mission, the purpose "to take some part in the advance of true medical knowledge and not merely to diffuse what is already known." As individuals, we should covet an appreciation of honest, intelligent and original work and train ourselves to bear adverse personal criticism since it is often that, properly interpreted, which leads to better work. Doubtless as Lusk remarks, "such criticism though often irritating, is a high professional stimulus and only the vain refuse to hear it." With our responsibilities so heavily placed as they are, it becomes our duty to return to western Europe the results of increased effort along the lines of medical research so frequently borrowed from the past.

### IMPORTANCE OF DIET

There probably is no other point or detail of practical clinical medicine that is so grossly neglected or overlooked by the great body of general physicians as the food or diet in health and disease. In the past, physicians have not fully realized how important an item food may be in the causation of disease, and how valuable a means it may be in the treatment of disease.

As time goes by and we learn more of medicine in general, and particularly as our knowledge regarding food, diet, nutrition, metabolism, etc., is extended, the greater becomes the significance which we learn we must attach to the subject of food and its associated problems. From the first moment to the last moment of the life of the individual food is his most important consideration. From it he must obtain those elements which are of vital importance to him for maintaining his metabolic activity. Obviously a proper selection of those food-stuffs which will enable the human economy to function properly and at its maximum efficiency is quite an essential desideratum—if not the most essential—for the individual.

In the proper selection of diet it is necessary not only to provide for a sufficient quantity and variety, but to choose the proper ingredients. In other words, it is incumbent not only to provide sufficient calories to maintain metabolic activity, but so to assort the food as to provide the requisite amount of protein, fat, and car-

bohydrate. In addition to these substances the necessary proportion of inorganic salts and of the so-called "vitamins" must be supplied. Furthermore, in the selection of a properly balanced ration it is quite important at any time—and more particularly in these days of tremendously inflated prices of all food products—to provide such a diet in accordance with the cost of the various articles of food.

Especially in the treatment of disease is the matter of proper diet of the utmost importance. The day is past when a physician can lay all the emphasis on drugs alone and practically ignore the question of diet, which is equally important, and in the great majority of diseases, even of far greater importance. Yet, even at present, it is really surprising how profound and how widespread among active practitioners is their general ignorance in regard to this subject, and how great is their apparent indifference to it. Certainly, the careful and painstaking research on nutrition and metabolism has developed within recent years enough new knowledge to impress the profession with the significance of food as a factor in the management of disease, and has brought out points of inestimable value in the treatment of disease. It may be that the profession is just awaking to the full realization of the importance of this aspect of practical medicine. It is to be hoped that this may be so, for with the knowledge already to be had and by obtaining the newer facts pertaining to food, nutrition, metabolism, etc., as they are brought out, the physician should be able more intelligently and more successfully to handle most, if not all, of the disturbances which hitherto have proved refractory to treatment

---

#### RELATIONSHIP BETWEEN INFLUENZA AND SYPHILIS OF THE NERVOUS SYSTEM

Among the many interesting problems of medicine to which particular attention has been precipitated by the great war, there is perhaps none that stands out more prominently than that of the various psychoses and other diseases of the nervous system as having been brought to a focus by the recent epidemic of influenza. Much careful study, both from the standpoint of research and painstaking collaboration of the end results in this class of cases, will be necessary before any definitely positive conclusions can be logically drawn. Nevertheless, no one who has had the care of any considerable

number of cases of influenza during the recent epidemic, either in civil or military practice, can fail to have been struck with the frequency with which there has been sooner or later an involvement of the nervous system. Whether the influenza has been merely the precipitating factor for a more or less acute manifestation of an old, latent neurosis or psychosis or whether the acute infection has served as a true etiological factor is, in many cases, a nice question to decide. The preponderance of evidence in favor of the first hypothesis seems to obtain at the present time in the vast majority of cases.

Since the advent of the Wassermann and other laboratory tests for the more accurate determination of the presence or absence of neurosyphilis, we have become prone to regard many of the obscure nervous and mental diseases as specific in origin and even though anti-specific medication in such cases is often not as promising in its results as one might desire, yet sufficient progress has been made along these lines to warrant the assumption that the work is progressing in the right direction. A certain few authorities have in the past accredited influenza with being the sole cause of certain psychoses, yet no one at present would venture the thought that it might be the sole cause of general paresis, despite the fact that neurosyphilis does occasionally manifest itself clinically for the first time following influenzal attacks. As far back as 1892 the rational conclusion was reached by Mills and Knapp that "influenza only reveals syphilitic processes or exaggerates some troubles which previously had passed unperceived."

In discussing tabes in 1908 Erb asserted that influenza added to tabes, decidedly aggravates the affection, and accelerates the cause, since unquestionably first symptoms of tabes do occasionally appear subsequent to an attack of influenza.

In a most interesting article in the *Archives of Internal Medicine* for July, 1919, Menninger presents a series of case histories of mental disease associated with influenza, observed in the Boston Psychopathic Hospital, during the recent epidemic. He classifies them into four groups with the degree of pre-existent systematology as the basis of classification. Group 1 comprises cases in which there were no symptoms of neurosyphilis whatever until after the attack of influenza; Group 2, cases in which the previous symptoms were trivial and not diagnostic, but in which typical and advanced neurosyphilis developed immediately after influenza;



Group 3, cases in which the previous symptoms were diagnostic of mental disease (nervous syphilis) but were intensely aggravated (to a committable degree) by the influenza; Group 4, cases of neurosyphilis in which the clinical manifestations and course were not perceptibly influenced by the influenza.

From a careful study of these various groups Menninger concludes that the latent, incipient, and early cases of neurosyphilis seem to be susceptible to precipitation or augmentation by the added neurotoxic effects of influenza; the advanced cases are not usually perceptibly altered in symptomatology or course. No instances of improvement of neurosyphilis following influenza were observed.

In reviewing the literature on this subject, which has sprung from the various army studies, recently, one is struck by the large number of cases of mental disease following influenza, which seem logically to fall within the group of dementia praecox. If such classification be warranted by a more extended study of such cases as have been so recently observed, this might well be considered as further evidence that the influenza has merely acted as a precipitating factor in a more or less latent mental disease.

---

### EDITORIAL NOTES

#### DEAR DOCTOR:

THE JOURNAL and the Cooperative Medical Advertising Bureau of Chicago maintain a Service Department to answer inquiries from you about pharmaceuticals, surgical instruments and other manufactured products, such as soaps, clothing, automobiles, etc., which you may need in your home, office, sanitarium or hospital.

We invite and urge you to use this Service.

It is absolutely FREE to you.

The Cooperative Bureau is equipped with catalogues and price lists of manufacturers, and can supply you information by return mail.

Perhaps you want a certain kind of instrument which is not advertised in THE JOURNAL, and do not know where to secure it; or do not know where to obtain some automobile supplies you need. This Service Bureau will give you the information.

Whenever possible, the goods will be advertised in our pages; but if they are not, we urge you to ask THE JOURNAL about them, or write direct to the Cooperative Medical Advertising Bureau, 535 N. Dearborn St., Chicago, Illinois.

We want THE JOURNAL to serve YOU.

---

MEMBERS are reminded to bear in mind the time and the place of the annual session of the Indiana State Medical Association—Wednesday, Thursday and Friday, September 24, 25 and 26, at Indianapolis. The Committee on Scientific Work has arranged a program of unusual scientific value, and the Committee on Arrangements is promising some very enjoyable features of entertainment.

"CEILING MOVIES" are the latest development in the entertainment of bed-ridden soldiers. The idea was hit on by the American Red Cross, and was carried out by the use of a specially constructed machine which projects the pictures on the ceiling. By this means the patient lying flat on his back may see his favorite comedian cavorting above his head or may study a more serious educational picture. This idea is worth the consideration of hospital and sanatorium superintendents.

---

THE September number of THE JOURNAL will contain the complete program and all announcements concerning the annual session of the Indiana State Medical Association to be held in Indianapolis on Wednesday, Thursday and Friday, September 24, 25 and 26. This year's program promises to be of unusual interest in every particular, and the attendance should be the largest of recent years in view of the fact that the majority of the doctors have returned from military service and the general routine of civilian practice is being resumed.

---

PUBLIC health work in Ohio took a decided advance step by the recent passage of the Hughes Health District Act which insures an adequate health department, administered by a full time health commissioner, for every community in the state. A system of local health districts, each comprising a city of more than 25,000 population or a county area outside such cities, is set up by the new law, and a state subsidy up to a maximum of \$2,000 per annum is provided for each district. A staff of eight district supervisors will be maintained by the State Department of Health. And Indiana still holds a "back seat" as concerns public health work and more especially the all-time health officer, in spite of the indefatigable efforts of our most efficient secretary, Dr. Hurty!

---

INDIANA, with her annual appropriation of \$29,000 for combatting venereal disease, compares rather favorably with other states in their appropriations for the same cause. According to *Public Health Report of the United States Public Health Service*, bills providing for such appropriations have been passed as follows: Arizona, \$4,500; Arkansas, \$17,000; Delaware, \$2,500; Maine, \$8,000; Montana, \$8,177.42; Nebraska, \$25,925.50; New York, \$55,000; North Dakota, \$12,548.48; Oklahoma, \$86,000; Oregon, \$25,000; South Carolina, \$10,000; South Dakota, \$10,000; Texas (appropriation

last year), \$45,000; Utah, \$8,120; Washington (venereal disease control), \$25,000; Washington (for women's reformatory), \$150,000; West Virginia (annually), \$7,000; Wisconsin, \$50,000; Wyoming, \$4,000.

EVERY chairman of a committee of the Indiana State Medical Association is required by the Constitution and By-Laws of the Association to prepare his annual report and send the same in for publication in the number of THE JOURNAL that is issued prior to the annual session of the Association. This means that every committee report must be in THE JOURNAL office not later than August 25. Likewise, every man who is on the program of the annual session is required to send to THE JOURNAL not later than August 25 an abstract of his paper, said abstract to contain not less than fifty nor more than 200 words. It is hoped that this rule will be followed religiously so that there will be no delay in getting out the September number of THE JOURNAL, which will contain the completed program and all announcements for the Indianapolis session.

THE following method for rapidly and safely sterilizing all glass, or glass and metal syringes and their needles, without the delay and difficulty of boiling, has been recommended by Lyon Smith in a recent number of the *British Medical Journal*:

Lysol ..... 1.0 (min. xv)  
Ether ..... 8.0 (dr. ii)  
Alcohol, to make.....30.0 (oz. i)

This solution should be drawn up into the syringe, with the needle on, two or three times to half fill the barrel; the piston should then be fully withdrawn and the syringe well shaken for a few seconds. The fluid can be used over and over until it is very turbid and tends to block the finer needles. The solution is also very satisfactory for sterilizing the skin for injections and blood cultures. It is not irritating if left on for not over ten seconds and removed by swabbing with plain alcohol.

"NUXATED IRON" put added power behind my punch and helped me accomplish what I did at Toledo."—JACK DEMPSEY.

Thus the new world's champion, in large advertisements appearing in last Sunday's papers—at least in such papers as need the money from such sources. The secret is out. We feel that an apology is due to those of our readers who rely on this department for their knowledge

of sporting events. We admit to a lack of enterprise in not discovering earlier what was behind the scenes in Mr. Dempsey's training camp. But three short years ago Mr. Willard was telling the public, at the expense of the manufacturers of Nuxated Iron, that that marvelous "patent medicine" was the secret of his easy victories over Jack Johnson and Frank Moran. Now the Hon. William Harrison ("Jack") Dempsey—also at Nuxated Iron expense—"tells the secret" of his training, and explains how "Nuxated Iron" helped him to whip Jess Willard. Ain't science wonderful!—*Jour. A. M. A.*, July 19, 1919.

A RECENT publication by one of our most prominent Indiana internists is of unusual interest and importance to the large number of Indiana physicians who so frequently are confronted with the clinical problem of hyperthyroidism. In his latest article<sup>1</sup> Dr. G. W. McCaskey of Fort Wayne points out the value of alimentary hyperglycemia and of increased basal metabolism as rather important aids in the differential diagnosis of thyrotoxicosis. Neither one of these can be said, in view of our present knowledge, to be pathognomonic of this condition; but they are so constantly found that they are of the greatest value as confirmatory tests. This is especially true of the increased basal metabolism, which is the more important diagnostic test. The rise of blood sugar and the increase of the basal metabolism seem proportionate to the severity of the intoxication and, in fact, constitute the most reliable criterion as to the severity and course of the disease. Quite a few points of considerable clinical importance are brought out and discussed in this contribution.

LET a word to the wise be sufficient! The eminent neurologist, Dr. Charles K. Mills of Philadelphia, emphasized in his new article<sup>2</sup> that infections of the mouth or teeth are not to be regarded as the primary cause of many of the obscure types of nervous and mental diseases. It is a timely warning, indeed, and coming from an authority of the eminence of this writer it carries with it a special significance, for at present many of the profession seem to have become completely carried away—practically frantic—with the absurd idea that when nothing definite can be found to account for the signs and symptoms in a given case, the trouble must be in the teeth. Let practitioners and

1. McCaskey, G. W.: *Jour. A. M. A.* (July 26) 1919.  
2. Mills, Charles K.: *Jour. A. M. A.* (Aug. 2) 1919.



specialists alike give heed to a word of warning by one of abundant experience and ripe judgment that in one field of medicine, at least, they need not be carried too far in their enthusiasm of blaming the teeth when they do not know what really is to blame. Infected teeth can and do cause considerable trouble, but it is utterly ridiculous to ascribe to that cause most or all of the ailments from which man suffers.

THE first step in the way of obtaining legislation to combat a recurrence of the influenza epidemic has been taken in Congress by the introduction of a measure by Congressman Eugene Black of Texas. The bill provides an appropriation of \$500,000 for the investigation of the causes, modes of transmission, prevention and cure of influenza, pneumonia and allied diseases, and the fund is also made available for combating these diseases. This sum is made available until July 1, 1922. The Public Health Service is charged with the expenditure and administration of this work. The Surgeon-General of the Public Health Service is authorized to employ such medical assistance and nurses as may be necessary, fixing their compensation at no greater than the amounts paid other similar employees of the Public Health Service. The Surgeon-General is directed to file an itemized list of expenditures with Congress, December 1 of each year. A preamble to the measure declares that the influenza epidemic caused 500,000 deaths in the United States, that influenza and pneumonia cause one-tenth of all the deaths in the United States, that medical science is not yet in possession of complete data regarding these diseases, and that they are of grave social concern to the United States. The bill is No. 7293, and was referred to the House Committee on Appropriations, of which Congressman James W. Good of Iowa is chairman, for action.—*Journal A. M. A.*, July 26, 1919.

ALCOHOL IN PRESCRIPTIONS.—The rulings of the Internal Revenue Bureau on the status of alcohol in relation to prescriptions have been set forth in a message from Commissioner Daniel C. Roper to the collectors of internal revenue in the form of instructions to collectors. These instructions give a legal position to the use of alcohol by physicians. The instructions are somewhat complicated and necessitate the unwinding a quantity of red tape in their fulfillment. The portion of the message which directly concerns physicians is as follows:

Physicians may prescribe wines and liquors, for internal use, or alcohol for external use, but in every such case each prescription shall be in duplicate, and both copies be signed in the physician's handwriting. The quantity prescribed for a single patient at a given time shall not exceed one quart. In no case shall a physician prescribe alcoholic liquors unless the patient is under his constant personal supervision.

All prescriptions shall indicate clearly the name and address of the patient, including street and apartment number, if any, the date when written, the condition or illness for which prescribed, and the name of the pharmacist to whom the prescription is to be presented for filling.

The physician shall keep a record in which a separate page or pages shall be allotted to each patient for whom alcoholic liquors are prescribed, and shall enter therein, under the patient's name and address, the date of each prescription, amount and kind of liquors dispensed by each prescription, and the name of the pharmacist filling same.

Any licensed pharmacist or druggist may fill such prescription:

1. If his name appears on the prescription in the physician's handwriting.

2. If he has made application and received permit, Form 737, in accordance with the provisions of treasury decision 2,788.

3. If he has qualified as retail liquor dealer by the payment of special tax.

No such prescription may be refilled.—*New York Medical Journal*, July 5, 1919.

## DEATHS

DAVID CAREY, M.D., of Fort Wayne, died July 8, aged 79 years.

WILLIAM R. BLYTHE, M.D., died July 4, at his home at Glezen, aged 72 years.

MARTHA LARIMORE, widow of the late Dr. Joseph L. Larimore of Muncie, died June 28.

MARY EMILY MADDOX, wife of Dr. L. C. Maddox of Montpelier, died June 30, aged 68 years.

LAETITIA B. SMITH, widow of the late Charles W. Smith, M.D., of Muncie, died June 25, aged 60 years.

EDWARD L. MACCOY, M.D., son of Dr. George T. MacCoy of Columbus, died suddenly at Gary, July 15, at the age of 38 years.

T. R. MORRISON, M.D., Churubusco, died June 21, aged 81 years. Dr. Morrison graduated from the Fort Wayne College of Medicine in 1884.

WILLIAM T. FERGUSON, M.D., Fort Wayne, died July 12, aged 84 years. Dr. Ferguson was born in Ireland and received his medical education in a college in that country, coming to this country when a young man to practice his profession.

JAMES A. HOUSER, M.D., Indianapolis, died July 29, aged 72 years. Dr. Houser graduated from Toledo Medical College in 1886 and had practiced in Indianapolis for forty-five years.

CARTER H. SMITH, M.D., Lebanon, died July 25, aged 84 years. He graduated from Rush Medical College, Chicago, in 1873, and had practiced medicine in Boone County continuously since graduation.

THOMAS A. BOUNELL, M.D., Jamestown, died July 6, aged 71 years. Dr. Bounell had practiced medicine at Jamestown for twenty years and was a member of the Boone County Medical Society and the Indiana State Medical Association.

GEORGE ORF, M.D., died July 12, at his home in Indiana Harbor, at the age of 45 years. Dr. Orf graduated from Central College of Chicago in 1905 and had practiced for thirteen years. He was a member of the Lake County Medical Society and the Indiana State Medical Association.

BRYAN BARLOW, M.D., Associate Medical Director of the Lincoln National Life Insurance Company of Fort Wayne, was killed in an automobile accident in Walker, Minn., July 14. Dr. Barlow was thirty years old. He graduated from Johns Hopkins College and had but recently located in Fort Wayne.

### NEWS NOTES AND PERSONALS

Anything in the line of physicians' supplies or equipment may be obtained from advertisers in *The Journal of the Indiana State Medical Association*. Patronize these advertisers for it means a continuance of their advertising patronage, and the latter means a larger and better Journal for you.

DR. E. E. JOHNSON has sold his practice at West Lebanon and will locate in Indianapolis.

DR. AND MRS. P. E. McCOWN of Indianapolis spent the month of July motoring through the East.

DR. AND MRS. JOHN MCCOOL of Indianapolis left July 9 for an extended trip through the West.

DR. J. R. BURLINGTON has returned from overseas service and is resuming practice at Attica.

DR. AND MRS. JOHN A. PFAFF of Indianapolis are spending a vacation of several weeks in the West.

DR. F. L. TILTON, formerly of Nashville, Ind., has located at Williamsport for the practice of medicine.

DR. AND MRS. ALBERT M. COLE of Indianapolis left August 4 for a three weeks motor trip in the Adirondacks.

MAJOR J. L. McELROY has returned to Indianapolis after two years service with the British Medical Corps in France.

DR. S. P. HOFFMAN has returned to Decatur following a year's service in the Medical Corps, including nine months in France.

DR. AND MRS. DAVID ROSS of Indianapolis are spending the month of August on a trip up the Great Lakes and in Canada.

LIEUT. CARL HABICK has been discharged from military service and returned to Indianapolis to resume the practice of medicine.

TIPPECANOE COUNTY MEDICAL SOCIETY at their July meeting adopted a new schedule of fees, including a decided raise over former fees.

THE headquarters of the Kentucky State Board of Health, which have been at Bowling Green since 1883, were moved to Louisville, May 1.

DR. W. D. INLOW of Manila has been appointed assistant at the Mayo Clinic, Rochester, Minn. Dr. Inlow recently returned from military service.

WORD has been received of the promotion to the rank of major of Dr. Claude E. Holmes of Indianapolis, now in military service at Washington, D. C.

DR. NOAH ZEHR of Fort Wayne has returned from six months postgraduate work at Johns Hopkins University. He will specialize in urological work.

THE editorship and management of the *Illinois Medical Journal* has been placed in the hands of Dr. Charles J. Whalen, 4647 Dover Street, Chicago.



DR. R. M. RECOBS of Tipton, recently returned from medical service in Brest, France, has received notice of his promotion to the rank of major.

---

MAJOR C. C. CAMPBELL of Indianapolis arrived from overseas June 27 after a year's service in France. He expects to resume practice in Indianapolis.

---

DR. E. P. WESTHAFFER of New Castle, recently returned from France, has received notice of his promotion to lieutenant-colonel in the Medical Reserve Corps.

---

THE Kentucky State Board of Health has adopted as a requirement for application for licensure two years of premedical work. This rule becomes effective in 1922.

---

DR. CLAUDE ROBISON, formerly connected with the City and Methodist Hospitals in Indianapolis, has opened an office at Frankfort, Ind., for the practice of medicine.

---

DR. M. D. GWIN of Rensselaer, recently returned from military service with Base Hospital No. 109, Vichy, France, has received notice of his promotion to the rank of major.

---

DR. WERNER E. EBERHARDT has sold his practice at Michigan City to George M. Krieger of Cincinnati, Ohio, and left the middle of July for his old home in Switzerland.

---

DR. D. V. McCLARY has returned from military service and has located at Evansville, with offices in the Boehne Building. He will limit his practice to surgery and diseases of women.

---

DR. A. E. BULSON, JR., Fort Wayne, accompanied by his daughter, Miss Geraldine, and his son, Eugene Bulson, have returned from a month's outing in the mountains of Montana.

---

DR. G. G. GRAESSLE of Seymour is to be assisted in his practice by his son, Dr. Harold P. Graessle, recently graduated from the Indiana University School of Medicine at Indianapolis.

---

DR. JOHN CASPER of Jasper, Ind., was married the latter part of June to Miss Viola Halder. They left immediately for an extended trip in California, after which they will return to Jasper.

---

COLUMBUS doctors have prepared a new fee bill which adds 50 cents to the price of all professional calls, and provides a charge for all conversations on the telephone of a professional nature.

---

DR. HARRY C. SHARP arrived from overseas in the transport Manchuria the middle of July. He received his discharge from Camp Taylor on August 10 and will resume practice in Indianapolis.

---

ONE hundred nurses from the military hospital at Fort Benjamin Harrison were guests of the Marion County Graduate Nurses Association at their annual picnic at Riverside Park, Indianapolis, July 10.

---

DR. J. EWING MEARS, formerly of Indianapolis, who died recently in Philadelphia, bequeathed \$100,000 to Harvard University for the study of reform and cure of criminals and mental defectives by surgery.

---

THE findings of the Indiana State Board of Medical Registration and Examination in the matter of the revocation of the license of George F. Smith, Bicknell, Ind., has been reversed by the Knox Circuit Court.

---

DR. AUGUST O. TRUELOVE, formerly of Warsaw, announces the opening of a roentgen ray and pathological laboratory, known as the Central X-Ray and Pathological Laboratories, in the Central Building at Fort Wayne.

---

DR. LAWRENCE E. JEWETT of Wabash, recently discharged from the United States Medical Corps after serving since October, will locate in Indianapolis and will be associated with Dr. J. J. Briggs for the practice of medicine and surgery.

---

DR. CARL B. SPUTH and family of Indianapolis left August 2 for an extended motor trip through Indiana, Illinois and Wisconsin, and will spend two weeks at Fox Lake with the doctor's parents, Mr. and Mrs. Oscar Sputh of Chicago.

---

THE death of Dr. J. V. Bastin of Fillmore on June 23 left that community with only one physician. Another good man is needed in that location and information regarding same can be secured by writing Katie C. Bastin, administratrix.

DR. DAVID C. PEYTON, who for nine years served as superintendent of the Indiana reformatory at Jeffersonville, has accepted a position as superintendent of the State Industrial School for white boys at Richmond, Va.

DR. C. A. ROARK of Waynetown returned home July 18 after ten months service in the Medical Department of the Army. A portion of the time was spent in France, but for the past several months he had been stationed in hospital service in New York.

DR. ABRAHAM JACOBI of New York City, for more than sixty years one of the most notable figures in American medicine and president of the American Medical Association in 1912 and 1913, died suddenly at his summer home at Lake George, N. Y., July 10.

DR. H. W. EBY of Goshen is to be assisted in his practice by his sister, Dr. Ida L. Eby, recently graduated from the College of Medicine and Surgery of the University of Illinois and completing special eye, ear, nose and throat work in the City Hospital of Chicago.

THE Sullivan County Medical Society met at the County Hospital, Sullivan, on July 2. The speakers of the evening were Major J. H. Weinstein, Major O. O. Alexander and Capt. Charles M. Combs, all of Terre Haute. Following the scientific program a banquet was served.

At the July meeting of the Indiana Board of Medical Registration and Examination reciprocity agreements were entered into with Alabama, Georgia and Washington, making a total of thirty-four states with which Indiana now has reciprocal relations in licensure.

ANNOUNCEMENT has been made of the approaching marriage of Capt. Robert M. Moore of Indianapolis to Miss Eva Belle Van Dyke of Ottumwa, Iowa. The marriage is the result of an acquaintance formed while they were members of Base Hospital No. 32 in France.

MAJOR-GENERAL MERRITTE W. IRELAND was advised on June 10 that the British government had conferred on him the Cross of the Companion of the Bath in recognition of his services as Chief Surgeon of the American Expeditionary Forces, and later as Surgeon-General of the American Army.

THE Board of Medical Registration and Examination, in session July 8, 1919, heard a petition for the restoration of the license of Charles L. Landfair. The board declined to grant the petition for the reason that it was not satisfactorily shown that Dr. Landfair was entitled to the restoration of his right to practice.

UNDER an order issued by the Secretary of War all temporary officers of the medical corps of the army, as well as other corps, must be discharged by Sept. 30, 1919. Announcement is made that this is a blanket order and not subject to exception. This includes all officers whose commissions were for the recent emergency.

AN appropriation of \$1,500 for the establishment and maintenance of a free venereal clinic has been made by the County Council of Howard County. The sum will supplement a like sum recently appropriated by the City Council of Kokomo for the same purpose and the state will provide clinician and medicine for the clinic.

THE degree of Master of Pharmacy was conferred on Prof. William A. Puckner, Chicago, secretary of the Council on Pharmacy and Chemistry of the American Medical Association, at the ninety-eighth annual commencement exercises of the Philadelphia College of Pharmacy. The degree was conferred by the dean, Dr. Charles H. LaWall.

THE Marion County Medical Society has appointed a committee to investigate any exorbitant charges made by druggists for filling prescriptions. The action was taken because of the increase in the price of many drugs. The committee appointed were the following: Drs. H. V. Hunter, T. Victor Keene, Ralph Chap-pell, and H. E. Gabe.

THE Jay County Medical Society met at Portland, July 3. Dr. William Shimer of the Indiana State Board of Health was the principal speaker of the meeting and pointed out the advantages of the establishment of a joint hospital at the joint expense of Jay, Blackford, Wells, and Adam Counties for the cure and prevention of tuberculosis.

It is reported that the medical examinations of recruits in Great Britain have disclosed such a poor standard of health that the present health insurance acts will be broadened as quickly as



possible and a state medical service will be provided for every citizen. This regulation will become effective as soon as the necessary medical personnel has been obtained.

---

DR. FREDERICK W. KRUEGER of Richmond was bound over to the grand jury by the coroner of Wayne County on the charge of alleged criminal neglect by throwing a two-day old infant, which he believed to be a monstrosity, down a 60-foot embankment on the city dump. The grand jury returned a verdict charging involuntary manslaughter and placed Dr. Krueger under bond of \$10,000.

---

At a meeting in Atlantic City, June 12, the Medical Veterans of the World War elected the following officers: President, Col. Victor C. Vaughan; vice president, Admiral E. R. Stitt; secretary-treasurer, Col. F. F. Russell; trustees, Gen. F. A. Winter, Col. George E. Brewer, Asst. Surg.-Gen. James C. Perry, Dr. John M. Dodson, Col. Hubert Work, Dr. Holman Taylor and Col. Joel Goldthwaite.

---

A GROUP of Evansville physicians have established a radium institute in that city for the treatment of malignant and benign growths, operative prophylactic treatment of malignant conditions and the treatment of certain skin diseases. Doctors interested are William R. Davidson, William E. McCool, W. R. Hurst, M. Ravdin, William H. Field, Bleeker Knapp, and James Y. Welborn, the president of the institute.

---

THE following officers of the Iowa State Medical Society have recently been elected for the year 1919-1920: President, Dr. W. L. Allen, Davenport; president-elect, Donald Macrae, Jr., Council Bluffs; first vice president, George C. Stockman, Mason City; second vice president, Granville N. Ryan, Des Moines; secretary, Tom B. Throckmorton, Des Moines; treasurer, Thomas F. Duhigg, Des Moines; editor, David S. Fairchild, Sr., Clinton.

---

THE Fountain-Warren Medical Society at their July meeting adopted a new rate of fees as follows: Town calls, day, \$2; night, \$3, with an extra charge of \$1 for each additional patient; office calls, \$1 and up; telephone consultation, \$1; anesthetic, \$10 and up; consultation, \$10 and up; vaccine and bacterin, \$1.50 and up; health certificates, \$1; obstetrical cases, \$25 and mileage charge, said fee to include one call after delivery; instrumental delivery, \$10 extra.

On July 1, 1919, Child Hygiene work was inaugurated in every county in the state of New Jersey where not already in progress. This meant the opening up of fourteen new counties, and in addition the work was extended in four counties which had had nurses under state supervision during the past few months. The total addition to the nursing staff was nineteen, and eighteen new welfare stations were opened.

---

THE Peking Union Medical College, which has been built under the direction of the Rockefeller Foundation at Peking, China, will open for instruction of students in October. The college, which will be coeducational, will give a four years' course in medicine and an additional year of special work in hospitals or in laboratories. There is also a premedical school, opened in September, 1917, which offers a three years' course preparatory to admission to the medical school.

---

A TYPHOID vaccination campaign will be put on during the summer throughout the state of Oklahoma, according to announcement of Dr. A. R. Lewis, State Health Commissioner. Some opposition is anticipated by the commissioner, but this he thinks could only arise because of ignorance or prejudice as to the benefits that may be derived from the work. "The results that may be attained in the saving of lives and the decrease of disease more than justifies the effort," he says.—*Dallas News*.

---

THE American Surgical Association at its recent meeting elected the following officers for the ensuing year: President, Dr. George E. Brewer of New York; vice presidents, Dr. John Fairbairn Binnie of Kansas City and Dr. Alexis Carrell of New York; secretary, Dr. John H. Gibbon of Philadelphia; treasurer, Dr. Charles Howard Peck of New York; recorder, Dr. John H. Jopson of Philadelphia; member of council, Dr. Lewis S. Pilcher of Brooklyn. The next meeting will be held in St. Louis.

---

DURING July the following articles have been accepted by the Council on Pharmacy and Chemistry for inclusion with New and Nonofficial Remedies:

Abbott Laboratories: Barbitol Sodium-Abbott.

Hollister-Wilson Laboratories: Ovarian Substance-Hollister-Wilson; Desiccated Corpus Luteum-Hollister-Wilson.

Roessler and Hasslacher Chemical Co.: Sodium Dioxide, Dental-R. and H.

ACCORDING to a report issued recently by the Save-a-Life League of New York, there were 2,000 suicides in the United States in the six months ending July 1, 1919. The report shows that suicide is increasing to an alarming extent, especially among children. During the last six months 175 children, ranging in age from ten to seventeen years, took their lives in the United States—71 boys and 104 girls. The favorite method among the boy suicides was shooting, while girls resorted in large numbers to the use of poison.

---

THE following resolution was adopted by the Section on Preventive Medicine and Public Health at the recent meeting of the American Medical Association at Atlantic City:

*Resolved*, That the Section in Preventive Medicine and Public Health of the American Medical Association recommend to the House of Delegates that it ask the constituent associations to consider the advisability of such amendments to their by-laws and to those of this association as will eliminate from membership any physician who wilfully fails or refuses to comply with local or state laws for the prevention of disease, especially the provisions in such laws requiring the reporting of cases of communicable disease.

---

ACCORDING to reports, an organization has been formed at Paris for the purpose of establishing permanent relations between American and French physicians and surgeons. Several commissions have been appointed by the organization. One of these will have in charge the establishment of a course of teaching for American physicians visiting France, another the founding of a bureau of information, and a third commission will take up the means of organizing an exchange of articles on medical and surgical subjects between the journals of the United States and France.

---

NATHANIEL BOWDITCH POTTER, M.D., formerly of New York, a noted writer on medical subjects and an authority on tuberculosis, died July 5, at his home in Santa Barbara, Calif., of tuberculosis. Dr. Potter had been professor of clinical medicine in the College of Physicians and Surgeons of Columbia University; visiting physician to the City Hospital, Hospital for Ruptured and Crippled, and the French Hospital; consulting physician to Central Islip State Hospital and the New York Throat, Nose and Lung Hospital, and chief of the medical department of St. Mark's Hospital, New York.

COL. L. D. CARTER has returned to Indianapolis, having recently been discharged from military service. He arrived in the United States from France in May, after having served as Division Surgeon of the Thirty-Ninth Division, and later, after the armistice, as commanding officer of Base Hospital 30, located at Clermont Ferrand. His promotion to colonel, Medical Corps, from lieutenant-colonel was received in February. Dr. Carter announces that he is associated with Dr. A. D. Sterne at Norways Hospital, 1820 East Tenth Street, and will devote his attention to nervous and mental diseases.

---

FIFTEEN of America's leading specialists acting with the distinguished physicians and scientists of England, France, Japan and Italy, have affixed their names to a resolution of great import to the future welfare of mankind, just adopted by the Inter-Allied Red Cross Conference in session at Cannes, France. The resolution telling of the purpose "to spread the light of science and the warmth of human sympathy into every corner of the world," was adopted by the committee of Red Cross leaders which is preparing the program for world betterment to be submitted to the Congress of Red Cross Societies at Geneva.

---

THE annual report of the Committee on Conservation of Vision and Hearing of the Iowa State Medical Association shows the following work accomplished during the past year: Established a new day school for deaf children in Des Moines as a part of the public school system; carried on important legislative work with respect to the securing of additional funds for the State School for the Deaf at Council Bluffs; fostered and put on its feet a new society, the Iowa Association of Parents of the Deaf; and the preparing and distributing of an article of considerable historical importance, "Matters Pertaining to the Education of the Deaf in Iowa." Dr. Henry G. Langworthy is chairman of the committee.

---

THE United States Public Health Service has prepared a booklet on "Adenoids" for distribution to parents and school authorities which tells how the first appearances of adenoids may be detected, and points out the means of relief of this condition. As a result of a survey among population centers, conducted by the United States Public Health Service, it is an-



nounced that adenoids are handicapping more than 10 per cent. of American children, and a large proportion of the defects are found in medical examinations conducted by draft boards, indicating that a large proportion of the defects discovered are unquestionably due to the failure of the parents to pay attention to the defects in children. This discovery has led to the publication of the above mentioned booklet.

THE following resolutions standardizing public health degrees were adopted at a meeting held recently at Yale University:

1. That the degree of doctor of public health (for which the abbreviations should be Dr. P. H.) for graduates in medicine should normally be awarded after two years of work done under academic direction, of which one year at least should be in residence; and that the requirements for the degree should include class work, practical field work, and an essay based on individual study of a particular problem.

2. That the degree of doctor of philosophy or doctor of science in public health or hygiene should be conferred on students who hold the bachelor's degree from a college or technical school of recognized standing, and have satisfactorily completed not less than three years of graduate study. It is understood that this degree is based on the fundamental sciences associated with hygiene and public health, including a knowledge of physics, chemistry, general biology, anatomy, physiology, physiological chemistry, pathology, and bacteriology, in addition to the thesis and other usual requirements for the Ph.D. or Sc.D. degree.

Representatives of Johns Hopkins University, the Massachusetts Institute of Technology, Harvard University, Yale University, New York University, and the University of Pennsylvania attended the meeting.

STATISTICS show beyond all dispute that the American Army was the healthiest and cleanest that ever fought. The report shows that the greatest number of deaths from disease was due to pneumonia and influenza, deaths from this cause being placed at 8,000. There were 1,000 cases of typhoid, only 50 of which were fatal; and venereal cases never exceeded 4 per cent., which was an exceedingly low figure in an army field. Dysentery at one time was present, but was checked before it reached the epidemic stage. When the American troops arrived in France there was great difficulty in securing hospital space, and the first wounded were housed in all manner of buildings. At the close of the war there were 153 base hospitals, 66 camp hospitals, and 12 convalescent camps in France alone. The great Haviland china fac-

tory at Limoges was turned over to the Americans for hospital purposes, and the library of Orleans was stripped of 100,000 books to make room for the narrow cots and operating tables. In Vichy hospitals were established in 87 hotels, while 70 other hostelrys were similarly converted in and around Vittel and Contrexville. Two of the outstanding features of American hospital work in France were the great hospital centers, such as Mesves with 25,000 beds, and the mushroom 1,000 bed "Type A" hospitals, that standardize all American built hospitals in France. The army medical corps and the Red Cross were able to keep 93.75 per cent. of the fighting forces effective for duty at all times, and of those remaining only 3.4 per cent. were incapacitated through disease. This is considered as being far above the average.

## THE TRUTH ABOUT MEDICINES

### NEW AND NONOFFICIAL REMEDIES

Since publication of New and Nonofficial Remedies, 1919, and in addition to those previously reported, the following articles have been accepted by the Council on Pharmacy and Chemistry of the American Medical Association for inclusion with "New and Nonofficial Remedies":

**CHLORCOSANE (McNEIL).**—A brand of chlorcosane containing from 35 to 40 per cent. of chlorine in stable (nonactive) combination. (For a discussion of the properties and uses of chlorcosane see New and Nonofficial Remedies, 1919, p. 137.) Robert McNeil, Philadelphia.

**DICHLORAMINE-T (McNEIL).**—A brand of dichloramine-T complying with the N. N. R. standards. (For a discussion of the actions, uses and dosage of dichloramine-T, see New and Nonofficial Remedies, 1919, p. 138.) Robert McNeil, Philadelphia.

**PITUITARY SOLUTION-ABBOTT.**—Liquor Hypophysis U. S. P. A sterilized solution of the water soluble extract of the posterior portion of the pituitary glands of cattle. It is standardized by the method of Roth. (For a discussion of the actions and uses of pituitary preparations, see New and Nonofficial Remedies, 1919, p. 204.) The Abbott Laboratories, Chicago.

**AMPULES PITUITARY SOLUTION-ABBOTT, 0.5 Cc.**—Each ampule contains 0.5 Cc. pituitary solution-Abbott. The Abbott Laboratories, Chicago.

**AMPULES PITUITARY SOLUTION-ABBOTT, 1 Cc.**—Each ampule contains 1 Cc. pituitary solution-Abbott. The Abbott Laboratories, Chicago.

**PITUITARY EXTRACT-LEDERLE.**—A sterile solution containing the active principles of posterior lobe of the pituitary body. It is standardized by the method of Roth and has the strength of Liquor Hypophysis, U. S. P. (For a discussion of the actions and uses of pituitary preparations, see New and Nonofficial Remedies, 1919, p. 204.) Lederle Antitoxin Laboratories, New York.

**AMPULES PITUITARY EXTRACT-LEDERLE, 0.5 Cc.**—Each ampule contains 0.5 Cc. pituitary extract-Lederle. Lederle Antitoxin Laboratories, New York.

**AMPULES PITUITARY EXTRACT-LEDERLE, 1 Cc.**—Each ampule contains 1 Cc. pituitary extract-Lederle. Lederle Antitoxin Laboratories, New York.

**ANTIDYSENTERIC SERUM (POLYVALENT)-LEDERLE.**—(For a description of Antidysenteric Serum, see New and Nonofficial Remedies, 1919, p. 269, and for Antidysenteric Serum-Lederle, see *The Journal A. M. A.*, April 14, 1919, p. 1136.) It is also marketed in syringes containing 50 Cc. each, with sterile needle. Lederle Antitoxin Laboratories, New York.

**STREPTOCOCCUS VACCINE (POLYVALENT)-LEDERLE.**—(For a description of Streptococcus Vaccine, see New and Nonofficial Remedies, 1919, p. 291 and for other Lederle preparations see *The Journal A. M. A.*, April 19, 1919, p. 1136.) It is also marketed in 10 Cc. and 20 Cc. vials; in packages of four 1-Cc. vials containing, respectively, 50, 100, 200 and 400 million killed streptococci; and in packages of four syringes containing, respectively, 50, 100, 200 and 400 million killed streptococci. Lederle Antitoxin Laboratories, New York (*Jour. A. M. A.*, July 5, 1919, p. 35).

**TUBERCULIN "O. T." (LEDERLE).**—Old Tuberculin (see New and Nonofficial Remedies, 1919, p. 277). Marketed in packages containing a stated amount of tuberculin and sufficient diluent to make 1 Cc. as follows: Dilution A containing 0.1 Cc., Dilution B containing 0.01 Cc., Dilution C containing 0.001 Cc., Dilution D containing 0.0001 Cc., Dilution E containing 0.00001 Cc., Dilution F containing 0.000001 Cc. Lederle Antitoxin Laboratories, New York.

**TUBERCULIN "B. E." (LEDERLE).**—In addition to the forms previously described, New Tuberculin "B. E." (see New and Nonofficial Remedies, 1919, p. 280 and N. N. R. supplement p. 10) is also marketed in packages containing a stated amount of tuberculin with sufficient diluent to make 1 Cc. as follows: Dilution A containing 0.1 Cc., Dilution B containing 0.01 Cc., Dilution C containing 0.001 Cc., Dilution D containing 0.0001 Cc., Dilution E containing 0.00001 Cc., Dilution F containing 0.000001 Cc. Lederle Antitoxin Laboratories, New York.

**TUBERCULIN "B. F." (LEDERLE).**—In addition to the forms previously described, Tuberculin "B. F." (see New and Nonofficial Remedies, 1919, p. 280 and N. N. R. supplement p. 10) is also marketed in packages containing a stated amount of tuberculin with sufficient diluent to make 1 Cc. as follows: Dilution A containing 0.1 Cc., Dilution B containing 0.01 Cc., Dilution C containing 0.001 Cc., Dilution D containing 0.0001 Cc., Dilution E containing 0.00001 Cc., Dilution F containing 0.000001 Cc. Lederle Antitoxin Laboratories, New York (*Jour. A. M. A.*, July 12, 1919, p. 105).

### PROPAGANDA FOR REFORM

**PARTOLA.**—A physician reports that a patient taking Partola as a blood purifier is now in a rundown condition with discoloration of the skin and a craving for the drug and that another patient took three tablets before going to bed, developed cramps and aborted the next day in her third month of pregnancy. Analysis indicated Partola to be tablets containing 2.64 grains phenolphthalein per tablet, sugar, starch and oil of peppermint (*Jour. A. M. A.*, July 5, 1919, p. 55).

**COMMERCIAL THERAPEUTICS.**—The Merrell Proteogens present another attempt to foist on the medical profession a series of essentially secret preparations whose therapeutic value has not been scientifically demonstrated. It is the old story of exploiting physicians through commercial pseudoscience, of trading on the credulity of the profession to the detriment of the public. Sir William Osler says the remedy against the commercial domination of therapeutics is obvious. "Give our students a first hand acquaintance with disease, and give them a thorough practical knowledge of the great drugs, and we will send out independent, clear-headed, cautious practitioners who

will do their own thinking and be no longer at the mercy of the meretricious literature, which has sapped our independence." Excellent! But must humanity wait a generation? Why not stop this evil at once? The American Medical Association has provided the means whereby this may be done, if physicians will only make use of it—The Council on Pharmacy and Chemistry (*Jour. A. M. A.*, July 12, 1919, p. 109).

**TYREE'S ANTISEPTIC POWDER.**—An advertisement appearing in the New York *Medical Record* contains a bacteriologic report on Tyree's Antiseptic Powder by W. M. Gray, M.D., Microscopist, Army Medical Museum, and Pathologist to Providence Hospital. Every person who sees this advertisement and is not familiar with the facts will naturally suppose that this report, written on the stationery of the Surgeon-General's Office, War Department, is a recent report. As a matter of fact, the report was issued Jan. 3, 1890, nearly thirty years ago. Furthermore, the product that Dr. Gray examined was a different substance from the present Tyree's Antiseptic Powder. All these facts were brought out in *The Journal A. M. A.*, May 17, 1919, yet the *Medical Record* persists in publishing this inherently dishonest advertisement without explanations or apology (*Jour. A. M. A.*, July 12, 1919, p. 129).

**PROTECTING THE SICK SOLDIERS.**—The Council on Pharmacy and Chemistry, aided by the A. M. A. Chemical Laboratory, did a great work in investigating and passing on the many medicinal products offered to the Surgeon-General for the treatment of the sick soldiers in the hospitals and in the field. Fakes of every description were offered the government and it is a well known fact that no matter how fraudulent, how fakish, or how ridiculous the wares might be, their promoters were able to get political influence, even certain congressmen and senators being secured to help them. Automatically all medicinal preparations offered to the Surgeon-General were referred to the Council and thus many worthless preparations were barred from use by the government. It has been well said that our soldiers were better protected than our civilians; for while the government does not take any chances on the acceptance of useless if not worthless medicinal preparations, yet there are any number of doctors who fail to profit by the findings of the Council on Pharmacy and Chemistry (*Jour. Ind. State Med. Assn.*, July 15, 1919, p. 196).

**PROTEOGENS OF THE WILLIAM S. MERRELL COMPANY.**—The Council on Pharmacy and Chemistry reports that Proteogen No. 1 (Plantex) for Cancer, Proteogen No. 2 for Rheumatism, Proteogen No. 3 for Tuberculosis, Proteogen No. 4 for Hay Fever and Bronchial Asthma, Proteogen No. 5 for Dermatitis, Proteogen No. 6 for Chlorosis, Proteogen No. 7 for Secondary Anemia, Proteogen No. 8 for Pernicious Anemia, Proteogen No. 9 for Goiter, Proteogen No. 10 for Syphilis, Proteogen No. 11 for Gonorrhea, and Proteogen No. 12 for Influenza and Pnenumonia are inadmissible to New and Nonofficial Remedies because their composition is secret; because the therapeutic claims made for them are unwarranted; and because the secrecy and complexity of their composition make the use of these preparations irrational. The Proteogens are said to be prepared "under the personal supervision of the originator, Dr. A. S. Horowitz," who also originated Autolysin (an alleged cancer remedy, exploited some years ago). At one time the advertising for Proteogen No. 1 (Plantex) gave the impression that this was essentially the same as Autolysin. A study of the medical literature revealed no evidence establishing the value of the Proteogens; in fact, no evidence was found other than that appearing in the advertising matter of the manufacturer. The range of diseases in which Pro-



teogens are recommended is so wide as to make obvious the lack of scientific judgment which characterizes their exploitation. Considering the grave nature of the diseases for which Proteogens are recommended, the want of a rational basis for the method of treatment and the general tenor of the advertising, it appears safe to conclude that these agents do not represent any definite advance in therapeutics (*Jour. A. M. A.*, July 12, 1919, p. 128).

**DR. DE SANCTIS' GOUT PILLS.**—The American agent for these pills is E. Fougera and Co., Inc. When examined in the A. M. A. Chemical Laboratory they were found to contain powdered colchicum seed, benzoic acid and milk sugar. There was also present fatty material which resembled the fat of colchicum seed, but might be in part added fatty acid. It was concluded that De Sanctis' pills are essentially 5 grain doses of colchicum seed. Here, then, we have sold for self-medication, an extremely poisonous drug with no warning of the risk the public runs in using it (*Jour. A. M. A.*, July 19, 1919, p. 213).

**DR. MILES' HEART TREATMENT.**—According to the Miles Medicine Company this is "a strengthening regulator and tonic for the weak heart." No information regarding the composition of Miles' Heart Treatment is vouchsafed by the manufacturer beyond the statement of the alcohol content (11 per cent.) as required by the law. However, quotations in the advertising suggest that the preparation contains digitalis and cactus. To determine the presence or absence of digitalis in Miles' Heart Treatment, physiologic tests were made. The question as to the presence of cactus was not considered of interest because cactus grandiflorus has been shown to have no physiologic action. The physiologic tests indicated that there were no digitalis bodies present in the preparation (in amounts that could have any therapeutic effects) in doses containing enough alcohol to induce narcosis. Examination in the A. M. A. Chemical Laboratory showed Miles' Heart Treatment to be a solution of a compound or compounds of iron representing about 0.12 gm. metallic iron in 100 c.c. A solution of iron glycerophosphate in 10 per cent. alcohol, with about 5 per cent. glycerin, and a little sugar or glucose had much the same chemical properties as Miles' Heart Treatment (*Jour. A. M. A.*, July 26, 1919, p. 287).

"ACCEPTED BY THE COUNCIL ON PHARMACY AND CHEMISTRY."—The Council on Pharmacy and Chemistry of the A. M. A. is the department of our national organization that has not received the plaudits and encomiums of a widely joyous medical profession nor the grateful praises of the enthusiastic manufacturer of pharmaceutical articles. Perhaps the reason for this may be found in the character of its duties, for the Council must expose fraud, sometimes in high places, and protect the physician from being duped by avaricious persons and by persons who are themselves sometimes the victims of their own credulity. It thus happens that some proprietary article previously held in high esteem by the practitioner proves valueless, perhaps even fraudulent. The practitioner, however, may have credited much of his success in treating sick conditions to that preparation and the maker has had success in accumulating dollars from the sale, and both parties emit a loud and vicious roar against the Council because both lose money. Despite many obstacles the Council on Pharmacy and Chemistry has serenely pursued its allotted tasks and today stands as the only medium to which physicians may turn for information regarding proprietary articles. The words "accepted by the Council on Pharmacy and Chemistry of the American Medical Association" should be printed on the label and on all advertising circulars of proprietary articles that have been admitted to New and Nonofficial Remedies.

Then, when pamphlets and circulars are received by physicians, they will read the statements of manufacturers with sympathetic understanding and with full confidence of their verity of declarations (*Jour. Mo. State Med. Assn.*, July, 1919, p. 223).

## BOOK REVIEWS

**A TEXTBOOK OF CHEMISTRY FOR NURSES.** By Fredus N. Peters, A.M., Ph.D., Author of "Experimental Chemistry," "Laboratory Experiments," "Modern Chemistry," etc.; Formerly Professor of Chemistry and Director of Laboratories, Kansas City College of Pharmacy; Professor Organic Chemistry Hahnemann Medical College; Director of Laboratories and Professor of Chemistry and Metallurgy, Kansas City Dental College; Head of Science Department, Kansas City Central High School. Illustrated. St. Louis: C. V. Mosby Company, 1919. Price, Cloth, \$1.75.

In this work the author has succeeded in presenting to nurses the subject of chemistry in a very concise but clear manner. He realizes that it is best not to overburden the mind of the average pupil nurse with too much on this subject, so that he has given only so much as is really essential for the nurse to know in her daily work.

The few illustrations are quite good, and it is to be regretted that there are not more of them, for they do help materially in the elucidation of such a subject.

It is a good, inexpensive textbook, and it ought to enjoy considerable popularity.

**AN INTRODUCTION TO NEUROLOGY.** By C. Judson Herrick, Ph.D., Professor of Neurology in the University of Chicago. Second edition, reset. 12mo of 394 pages; 140 illustrations. Philadelphia and London: W. B. Saunders Company, 1918. Cloth, \$2 net.

This book is just what its title indicates. It serves merely to introduce the student or reader to the broad field of neurology. It gives the foundation on which this branch of medicine is based or built, and it presents this subject in the simple, concise form expected of a high-grade manual.

This book already is generally known, and this new second edition should help to make it known still better among the general profession.

**THE HUMAN SKELETON.** An Interpretation, with 175 Illustrations. By Herbert Eugene Walter, Associate Professor of Biology, Brown University. New York: The Macmillan Company, 1918. Cloth, \$1.75.

The apology for this book is the most unique we have ever read. It can best be given in the author's own words: "Every person has a skeleton of his own. To become better acquainted with it is a source of intellectual delight and satisfaction." Therefore, the author has brought out this new work.

It was much of a surprise to find us doctors referred to as "biological chauffeurs and repair men." Accordingly our offices could be designated as biological garages, and our fee bills could appropriately be called repair bills. It is good to see ourselves as others see us once in a while.

Any one interested in the human skeleton can find in this volume a clear and concise presentation of the subject, given in a manner by no means so dry as in the usual treatises on osteology, but in a rather entertaining and interesting way.

(Concluded on adv. page xiviii)

# In Many a Hurry Call

The doctor will find Thromboplastin solution (Armour) a most convenient thing to have in his case. It is a specific hemostatic and acts promptly.



## Thromboplastin Solution (*Armour*)

is made from the brains of kosher-killed cattle and is standardized physiologically on oxalated blood, is guaranteed to be of full therapeutic strength and is sold in dated packages—25 c. c. vials.

## Pituitary Liquid (*Armour*)

is the physiologically standardized solution of Posterior Pituitary and is absolutely free from chemical preservatives.

A small dose is suggested for obstetrical work— $\frac{1}{2}$  c. c. ampoules. Boxes of 6.

For surgical work 1 c. c. ampoules. Boxes of 6.

As manufacturers of the endocrine gland and other organo-therapeutic agents our facilities are at the service of the medical profession.

*Armour's Sterilized Catgut Ligatures* are offered in standard (60 inch) and emergency lengths (20 inch) plain and chromic.

**ARMOUR AND COMPANY**  
CHICAGO

4253



"It is not so much where one takes the treatment, as how he takes it."—Brehmer.

## The Rockhill Sanatorium for the Treatment of Tuberculosis

Beautifully situated on Indian Hill, ten miles from the center of the city

A modern home-like institution with every convenience where the cardinal points of the treatment—rest, fresh air, nutritious food, and peace of mind can be had. Write for booklet.

Artificial Pneumothorax and Tuberculin  
given in suitable cases

City Office 910 Union Central Bldg., CINCINNATI, OHIO

DR. C. S. ROCKHILL  
Medical Director

## hot weather suggestions

"Milk of Magnesia S&D"

the antacid laxative that carries the best and most magnesia longest

"Pan Peptic Elixir S&D . 3 fl-oz  
Benzothymol S&D . . . 1 fl-oz

M et sig 1-fldrm every half-hour  
in water or p r n in gastro-intestinal irritations—fermentative diarrhea—even in most typhoid conditions"

At your favorite druggist's



(Continued from page 224)

APPLIED ANATOMY. By Sir Frederick Treves, Bart., G.C.V.O., C.B., LL.D., F.R.C.S., Eng., Serjeant Surgeon to H. M. the King; Consulting Surgeon to the London Hospital; late Lecturer on Anatomy at the London Hospital. Seventh edition, revised by Arthur Keith, M.D., LL.D. Aber., F.R.C.S. Eng., F.R.S.; Hunterian Professor and Conservator of the Museum, Royal College of Surgeons of England; Formerly Lecturer on and Senior Demonstrator of Anatomy at the London Hospital; Examiner in the Universities of Aberdeen, Cambridge, etc., and W. Colin Mackenzie, M.D. Melb., F.R.C.D. Edin., F.R.S.E., Member of Council of the Anatomical Society of Great Britain and Ireland; Formerly Lecturer on Applied Anatomy, University of Melbourne. Illustrated with 153 figures, including 74 in colors.

Philadelphia and New York: Lea and Febiger, Publishers. Cloth, \$3.

This work already is very well known by a large number of the profession. It has been a great help to both students and practitioners ever since the work first appeared, and this new edition will surely be welcomed as eagerly as former editions. All the newer knowledge obtained in the experiences of the British military surgeons has been incorporated. Of what the authors call "orthopedic anatomy," a subject of special importance in dealing with injuries and diseases of bones and joints, they have added considerably in this new edition. Also twenty-seven new illustrations have been added. This seventh edition will add to the reputation this work already enjoys, and will enhance its value to both student and practitioner.

# The WALKER HOSPITAL

EVANSVILLE, INDIANA

COMPLETE LABORATORY AND X-RAY WITH SURGICAL,  
MEDICAL, OBSTETRICAL AND PEDIATRIC STAFF

*Edwin Walker, M.D.*

*James Y. Welborn, M.D.*

## Prescribe "Horlick's" for your patients convalescing from Influenza and concurrent epidemics.

It has been successfully used over a third of a century in anemic and run-down conditions, and is today extensively endorsed by the medical profession in the feeding of INFANTS, nursing mothers and the aged.

*Samples prepaid upon request*

**Horlick's Malted Milk Co.**  
RACINE, WIS.

Avoid imitations by specifying  
"Horlick's"  
the Original  
Malted Milk  
this is the package



PURITYPOTENCYTRUSTWORTHINESS

Characterize

# SQUIBB'S BIOLOGICALS

as well as all Squibb Pharmaceuticals and Chemicals. Of special clinical use at this season are

TYPHOID VACCINE (PLAIN OR COMBINED)

TETANUS ANTITOXIN (IF USED EARLY)

Should be kept on hand ready for immediate use

ANTI-MENINGITIC SERUM (POLYVALENT)

Equally balanced against all types of Meningococci

DIPHTHERIA ANTITOXIN (GLOBULIN)

Both Diphtheria Antitoxin Squibb and Tetanus Antitoxin Squibb are small in bulk for the number of units

THROMBOPLASTIN (CONTAINS KEPHALIN IN FULL AMOUNT)

For local use and for use Hypodermically. Either produces Physiological Clotting without danger of Thrombosis or of Embolism. In ordering specify which is desired.

LEUCOCYTE EXTRACT (STERILE EXTRACT OF HEALTHY LEUCOCYTES). Increases Leucocytosis and Phagocytosis

Full Directions with Each Package.  
Complete Literature on Request.



**E. R. SQUIBB & SONS**

Manufacturing Chemists to the Med'cal Profession since 1858  
80 Beekman St. . . . . NEW YORK

NEW BRUNSWICK, N. J.

CHICAGO, ILL.

KANSAS CITY, MO.

SAN FRANCISCO, CAL.



# THE HOUSE WITH A POLICY

## 3. *Quality.*

IN this series of "talks" we have discussed Research and Standardization. Let us now say a word about Quality.

The three subjects are closely related. The purpose of Research is to bring out new products and to improve old products. The purpose of Standardization is to establish therapeutic uniformity. Quality depends very largely upon the success with which these two purposes have been accomplished.

The house of Parke, Davis & Co. has been in existence for fifty-two years. During this long time it has steadily grown in the confidence and esteem of the medical profession.

Why?

Because physicians knew that we were bending every effort to turn out medicinal agents of the very best character obtainable. Because quality was always put above every other consideration.

The other day our chief chemist, in talking to a group of Parke-Davis salesmen, said:

"Gentlemen, I want to tell you one thing that you may not know. I can perhaps express it best by saying that our scientific department and our

commercial department are absolutely independent of each other.

"What do I mean! I mean this—that when we in the scientific division are bringing out a new product, or improving an old one, we never pay any attention to cost. We never consider cost at all. We work on a product for months or years, if necessary, until it is as nearly perfect as we can make it. Then, when the last word is said, the cost is figured—and it isn't figured until then.

"The commercial department takes this cost and establishes a selling price. It doesn't start in at the outset by telling us that we must keep within a certain cost. It doesn't turn the product back to us afterward and tell us that we must reduce the cost. We are left absolutely unhampered, and the only thing that we must consider is the highest possible ideal of quality."

This purpose has actuated our house from the very beginning. It furnishes the reason why Quality and Parke, Davis & Co. have come to be considered as synonymous terms. When physicians use an article of our manufacture they know that it is absolutely the best that science can produce.

## PARKE, DAVIS & COMPANY

THE INDIANAPOLIS NUMBER  
**THE JOURNAL**  
OF THE  
*Indiana State Medical Association*

Owned, Published and Controlled by the Indiana State Medical Association

ISSUED MONTHLY under the Direction of the Council

VOLUME XII  
NUMBER 9

FORT WAYNE, IND., SEPTEMBER 15, 1919

PER YEAR \$1.50  
SINGLE COPY 20 CENTS

CONTENTS

ORIGINAL ARTICLES		PAGE		PAGE
Some Observations on War Wounds of the Abdomen. Henry O. Bruggeman, M.D., Fort Wayne, Ind....		225	Report of Committee on Scientific Work—Report of Committee on Medical Defense—Report of Committee on Necrology .....	243
Report of a Case of Appendiceal Abscess Discharging Through the Vagina in a Girl of Nine Years. Miles F. Porter, M.D., Fort Wayne, Ind.....		228	Report of Committee on Public Policy and Legislation....	244
Foreign Bodies in the Bladder and the Cystoscope as an Aid in Their Removal. W. N. Wishard, M.D., Indianapolis .....		229	EDITORIALS	
Lobectomy vs. Ligation of the Vessels in Toxic Goiter. T. B. Noble, M.D., Indianapolis.....		230	Our President .....	245
THE INDIANAPOLIS SESSION			New Aspects of Hyperthyroidism.....	245
General Announcement .....	235		"Feeling the Pulse".....	246
Official Call to the House of Delegates.....	236		Increasing Medical Fees.....	247
Condensed Program .....	237		Raising the Standard of Indiana Hospitals.....	247
Official Program—Scientific Program .....	238		Sir William Osler.....	248
Report of Committee on Administration—Secretary-Treasurer's Report—Report of Executive Secretary.....	241		Editorial Notes .....	248
			SOCIETY PROCEEDINGS	
			Thirteenth District Medical Society.....	253
			MISCELLANEOUS	
			Deaths .....	249
			News Notes and Personals.....	250
			The Truth About Medicines .....	254
			Book Reviews .....	256

NEXT ANNUAL SESSION, INDIANAPOLIS, SEPT. 24, 25, 26, 1919.

LIST OF OFFICERS AND COMMITTEES ON ADV. PAGE 2.

ENTERED AS SECOND CLASS MATTER, JANUARY 20, 1908, AT THE POSTOFFICE AT FORT WAYNE, INDIANA, UNDER ACT OF CONGRESS OF MARCH 3, 1879. ACCEPTED FOR MAILING AT SPECIAL RATE OF POSTAGE PROVIDED FOR IN SECTION 1103, ACT OF OCTOBER 3, 1917, AUTHORIZED OCTOBER 18, 1918.

## Four "Right Hands" for the Practitioner

### KOPLIK—DISEASES OF INFANCY AND CHILDHOOD. *New (4th) Edition.*

An exceptionally *practical* work presenting the most recent methods in diagnosis and treatment. Much new material on Infant Feeding, Acidosis, Syphilis, Tuberculosis, Infectious Diseases, etc.

By HENRY KOPLIK, M.D., Attending Pediatrist, Mt. Sinai Hospital, N. Y., ex-President, American Pediatric Association, etc. Octavo, 928 pages, with 239 engravings and 25 plates in color and monochrome. *Cloth, \$6.00 net.*

### FISHBERG—PULMONARY TUBERCULOSIS. *New (2nd) Edition.*

The book adopted by the government for all Army and Navy Hospitals. Tells how to give the patient the benefit of modern and approved *treatment in his home* as well as in institutions. Indispensable to the practitioner.

By MAURICE FISHBERG, M.D., Clinical Professor of Medicine, New York University and Bellevue Hospital Medical College, etc. Octavo, 744 pages, with 100 engravings and 25 plates. *Cloth, \$6.50 net.*

### HARE—PRACTICAL THERAPEUTICS. *New (17th) Edition.*

The leading authority on therapeutics. It shows *what* to do and *how* to do it—treatment applied at the bedside in a rational manner.

By HOBART AMORY HARE, M.D., B.Sc., Professor of Therapeutics, Materia Medica and Diagnosis, Jefferson Medical College, etc. Octavo, 1023 pages, with 145 engravings and 6 plates. *Cloth, \$5.50 net.*

### PEDERSEN—UROLOGY. *New.*

Unusually thorough in presenting *details of treatment*, including all up-to-date methods. Gives more space and thought to complications than most books. The illustrations are largely original photographs of the author's cases and show the practical application of the diagnostic and therapeutic measures recommended.

By VICTOR COX PEDERSEN, M.D., F.A.C.S., Consulting Physician to Selective Service Headquarters, New York; Visiting Urologist to St. Mark's Hospital, etc. Octavo, 991 pages, with 362 engravings and 13 colored plates. *Cloth, \$7.00 net.*

We also recommend Cragin's Obstetrics, \$6.00; Jelletts' Gynecology, \$6.00; Aaron's Diseases of Digestive Organs, \$7.00; Dayton's Practice, \$1.50.

*Books gladly sent on approval.*

PHILADELPHIA  
706-710 Sansom Street

LEA & FEBIGER

NEW YORK  
2 West 45th Street



# THE INDIANA STATE MEDICAL ASSOCIATION

Next Annual Session, Indianapolis, September 24, 25 and 26, 1919

## OFFICERS AND COMMITTEES FOR 1919

President.....W. H. STEMM, North Vernon  
 First Vice-President.....L. L. WHITESIDES, Franklin  
 Second Vice-President.....STEPHEN B. SIMS, Frankfort  
 Third Vice-President.....H. B. HILL, Logansport  
 Secretary-Treasurer.....CHARLES N. COMBS, Terre Haute  
 Executive Secretary, FREDERICK E. SCHORTEMEIER, 314 Hume Mansur Building, Indianapolis.

## SECTION OFFICERS

Surgical Section—Chairman, Goethe Link; Vice-Chairman, H. K. Bonn; Secretary, H. O. Shafer.  
 Medical Section—Chairman, V. V. Cameron; Vice-Chairman, A. C. Kimberlin; Secretary, Jane Ketcham.  
 Eye, Ear, Nose and Throat Section—Chairman, John R. Newcomb, Indianapolis; Secretary, E. M. Shanklin, Hammond.

## DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION

For one year (term expires December 31, 1919), Charles Stelts, South Bend; Albert E. Bulson, Jr., Fort Wayne. Alternates, E. E. Evans, Gary; H. B. Hill, Logansport. For two years (term expires December 31, 1920), Joseph Rilus Eastman, Indianapolis. Alternate, Miles F. Porter, Fort Wayne.

## COUNCILORS

Chairman, G. W. H. Kemper, Muncie.

DISTRICT	TERM EXPIRES	DISTRICT	TERM EXPIRES
1st—J. Y. Welborn, Evansville.....	December 31, 1920	7th—T. B. Eastman, Indianapolis.....	December 31, 1920
2d—J. B. Maple, Sullivan.....	December 31, 1918	8th—G. W. H. Kemper, Muncie.....	December 31, 1921
3d—Walter Leach, New Albany.....	December 31, 1919	9th—William R. Moffitt, Lafayette.....	December 31, 1919
4th—A. G. Osterman, Seymour.....	December 31, 1920	10th—E. M. Shanklin, Hammond.....	December 31, 1920
5th—Spencer M. Rice, Terre Haute.....	December 31, 1921	11th—G. G. Eckhart, Marion.....	December 31, 1921
5th—O. J. Gronendyke, Newcastle.....	December 31, 1919	12th—E. E. Morgan, Fort Wayne.....	December 31, 1919
		13th—H. M. Miller, South Bend.....	December 31, 1920

## COMMITTEES

COMMITTEE ON ADMINISTRATION AND MEDICAL DEFENSE—Permanent Members, President (W. H. Stem, North Vernon) and Editor and Manager of THE JOURNAL, Albert E. Bulson, Jr., Fort Wayne; E. M. Shanklin, Hammond (term expires December 31, 1921); Frank B. Wynn, Indianapolis (term expires December 31, 1920); George R. Daniels, Marion (term expires December 31, 1919).  
 COMMITTEE ON SCIENTIFIC WORK—H. O. Shafer, Rochester; Jane Ketcham, Indianapolis; E. M. Shanklin, Hammond; Charles N. Combs, ex-officio, Terre Haute.  
 COMMITTEE ON PUBLICATION—The Council and A. E. Bulson, Jr., Fort Wayne.

COMMITTEE ON CREDENTIALS—George W. Spohn, Elkhart; P. C. Bentle, Greensburg; E. E. Schortemeier (executive secretary) Indianapolis.  
 COMMITTEE ON NECROLOGY—G. W. H. Kemper, Muncie.  
 COMMITTEE ON SCIENTIFIC EXHIBIT—B. D. Myers, Bloomington; Bernard Erdman, Indianapolis; A. G. Osterman, Seymour; H. W. McDonald, Newcastle; William A. Thompson, Liberty; A. E. Bulson, Jr., Fort Wayne; F. E. Schortemeier (executive committee) Indianapolis.  
 COMMITTEE ON ARRANGEMENTS—C. H. McCaskey, Indianapolis, Chairman; Clarke Rogers, Indianapolis, and A. L. Marshall, Indianapolis.

**FREE**

Sterile  
Specimen  
Containers  
Slides  
Culture  
Media and  
Complete  
Fee Table  
on request

Write or  
Wire

## Clinical Laboratory Analyses

The kind of clinical laboratory work that commands respect

Wassermann and other complement fixation tests...\$5.00

Autogenous Vaccines. In single vials or ampules...\$5.00

Lange Colloidal Gold test of Spinal fluid.....\$5.00

Tissue Diagnoses. Frozen section, paraffin or celloidin \$5.00

ABDERHALDEN PREGNANCY and other  
Abderhalden reactions.....\$5.00

MILK, FOOD, SANITARY AND TOXOLOGICAL INVESTIGATIONS

Accurate Analyses of All Secretions, Excretions and Body Fluids

ESTABLISHED BY  
DR. M. HERZOG  
DR. H. C. SWEANY  
DR. MEYER D.  
MOLEDEZKY  
DIRECTOR

*Laboratory of*  
**PATHOLOGY AND BACTERIOLOGY**  
THE MOST MODERN EQUIPPED LABORATORIES IN THE U.S.

1130 MARSHALL FIELD ANNEX 25 E. WASHINGTON ST.

PHONE  
RANDOLPH  
6552-6553  
CHICAGO  
ILL.

# THE JOURNAL

OF THE

## INDIANA STATE MEDICAL ASSOCIATION

DEVOTED TO THE INTERESTS OF THE MEDICAL PROFESSION OF INDIANA

ISSUED MONTHLY under Direction of the Council

ALBERT E. BULSON, Jr., B.S., M.D., Editor and Manager

OFFICE OF PUBLICATION: 406 West Berry Street, FORT WAYNE, INDIANA

VOLUME XII

FORT WAYNE, IND., SEPTEMBER 15, 1919

NUMBER 9

### ORIGINAL ARTICLES

#### SOME OBSERVATIONS ON WAR WOUNDS OF THE ABDOMEN

HENRY O. BRUGGEMAN, M.D.  
Lieutenant-Colonel, M. C., U. S. Army  
FORT WAYNE, IND.

Our outfit, Evacuation Hospital No. 8, started receiving battle casualties early in June, 1918, and continued in active service until after the armistice. During the greater part of this time we operated as a hospital for badly wounded and accepted only "litter cases." I have not complete records of our work, but I personally operated the majority of the abdominal cases admitted during the "night watch," so my experience is sufficient for me to draw some conclusions.

By the time America had entered the war, laparotomy had won its victory as the method of treatment in gunshot wounds of the abdomen. The startling results of Chevassu, who had treated 210 cases of abdominal injury without operation, had been so well examined and explained by Tuffier, Quénu and Abadie that the doctrine of abstention had been almost completely replaced by that of intervention. Abadie summed up the best surgical judgment when he taught: (1) Those cases which would certainly recover from their abdominal lesions without operation would also recover with operation; (2) those cases which would probably have recovered without laparotomy would certainly have recovered with laparotomy; (3) of the injured who would certainly die without operation a considerable proportion would be saved by laparotomy. In general we can say that all

war wounds of the abdomen, in which there is a likelihood of the peritoneal cavity having been penetrated, should be subjected to laparotomy. This formula must be accepted in a very elastic manner. The operating room and wards may be so cold that in doubtful cases the very great danger of a postoperative pneumonia outweighs that of a peritonitis from a possible perforation. In periods of great activity time may be so precious that it cannot be expended in exploring an abdomen in the absence of signs of hemorrhage or of some probability of a perforation of a hollow viscus. A surgeon should never abstain from active interference in recent wounds of the umbilical region as unoperated wounds in this region are practically always fatal. Almost the same statement must be made in regard to wounds in the hypogastric region. The circumstances must be most unusual which will justify a surgeon in not opening an abdomen with a recent wound in the left hypochondriac or either inguinal region.

I have never seen a patient with a penetrating belly wound reap the slightest benefit from an operation if he reached the table more than twenty-four hours after the receipt of his injury. If the belly is silent after twenty-four hours an operation is certainly contraindicated; and if a peritonitis is present nothing is gained by operating. Following the battle of Belleau Wood, in one night, four soldiers came to my tables with penetrating abdominal wounds which were more than twenty-four hours old. I opened two of these men and both died, while the other two recovered. One of these men had a combined chest and abdominal wound with symptoms of persisting hemorrhage, and died on the table as soon as the belly was opened and the intra-abdominal pressure released;



while the other died on the sixth day of a peritonitis that existed at the time of operation. The following is an example of justifiable abstention in a soldier with a hypogastric wound:

Private T. S. A., Company B, Eleventh Infantry. Duration thirty-eight hours. Gunshot wound abdomen penetrating. Wound of entrance at root of penis. Roentgen ray shows the bullet 7 c.c. deep in abdomen 3 fingers breadth above pubes. Abdominal walls thin; missile certainly in abdominal cavity. Abdomen silent. Iodin to wound of entrance. Returned to ward. Fowler's position. Evacuated in fourteen days.

It became our custom in Evacuation No. 8 to operate no abdominal cases that had passed the twenty-four hour limit. It was the practice of some of the French surgeons to treat these ancient cases with an existing peritonitis by what they termed the Murphy method, i. e., suprapubic puncture, under local anesthesia, and drainage of the culdesac.

The statement which has been proclaimed that no patient with a penetrating gut injury ever recovered without laparotomy is indubitably false. I have had two soldiers admitted to my service with fecal matter escaping from their wounds, and both recovered without operation. I have no notes on the first of these two cases. Here is the record of the second patient:

Louis M., private, Seventh Infantry. Gunshot wound left arm and abdomen. Perforating. Seventy-two hours after injury. Machine gun bullet had passed through left arm, entered abdomen just below costal margin in linea scapularis and found its exit from left side 3 fingers breadth below costal arch in linea mammillaris. General condition excellent. Abdomen silent. Abundant discharge of feces from wound of entrance. Iodin to wounds. Patient sent to ward. Evacuated in fourteen days with fistula almost healed.

Severe shock is, of course, a contraindication for operation. A patient in shock with a systolic pressure of 90 might survive a laparotomy. Exploration of the abdomen when the pressure is 80 or less is fatal. In passing, I wish to remark that in the experience of our hospital the injections of Bayliss gum salt solution for the treatment of shock are not only without benefit, but are positively dangerous.

If one is operating for statistics he will not laparotomize the apparently hopeless cases. When the receiving ward is filled with wounded

men, those with a decent chance of recovery must be given the preference; but when time is not a vital factor the hopelessness of a case will not excuse a surgeon for noninterference. It is surprising how men will live a number of hours after some of the severest types of abdominal trauma. For example: Private O. H. K., Company E, Fourth Infantry, had been injured eleven and a half hours and had borne transportation over bad roads to our hospital with all the mobile part of his intestines prolapsed from a huge wound in his left side. His intestines presented large areas of destruction and were lying on his left arm, partly covered by a first aid dressing.

I consider every gunshot wound of the abdomen guilty until proven innocent—I believe in treating each case as penetrating unless I can convince myself to the contrary. In a recent case there are no symptoms on which we can base a definite diagnosis of nonpenetration. If a patient is passing gas, penetration is improbable. Abdominal rigidity is frequently well-marked in extraperitoneal injuries. These patients so frequently have multiple injuries that it is impossible to draw conclusions from the general condition. When the missile is retained a roentgen-ray examination is the most reliable means of diagnosing penetration. On the basis of a radiosopic examination I needlessly opened one abdomen. In one case, with a wound near the spine of the ilium, the roentgen-ray report showed a missile deep in the abdomen. A complete absence of abdominal symptoms with careful measurements made me doubt this diagnosis. A re-examination with the fluoroscope was negative—the missile had been lying on the cot and had been pressed into a fold in the patient's back. Of course, as Quénu has remarked, the essential lesion is not peritoneal penetration but visceral penetration. The symptoms of visceral penetration are the symptoms of hemorrhage or peritonitis.

What about prognosis? It depends largely on the length of time that has elapsed since the receipt of the injury. The very great majority of the cases operated on in the first six hours will recover; after this time the mortality increases rapidly with every hour. Gross statistics are of no value, as recovery is so dependent on this factor of time. Wounds by shell casing are much graver than those by rifle or

machine gun bullets. The injury caused by a bullet, naturally, varies greatly with the distance that the missile has traveled. Crile<sup>1</sup> states: "Lesions of the large intestines resulted in a higher mortality than lesions of the small intestine." I am certain that this observation of Crile's is absolutely erroneous. My opinion is not founded on my own experience alone, but also on the teachings of French and English surgeons. Lesions of the ascending and descending colon are comparatively benign owing to the fact that these portions of the gut have slight mobility, their contents are less liquid than those of the small intestine, and their position, close to the abdominal wall, makes a limitation of infection more probable. It is maintained that wounds of the transverse colon, and particularly of the hepatic flexure, are usually more fatal than those of other portions of the gut, but I had two successive cases with wounds of the hepatic flexure recover. Lesions involving both the large and small intestines are highly fatal—I have seen but one case with these combined lesions recover. A man who receives a wound limited to the liver will either be dead from hemorrhage before he can reach an evacuation hospital, or recovery can take place without operation.

The only bayonet wound of any region that I saw was in the abdomen of a prisoner of war. In this case a knuckle of gut and omentum had prolapsed through the wound; the bayonet had passed backward through the transverse mesocolon without injuring any viscus, and recovery was prompt.

As in civil practice, for general anesthesia I used nothing but ether by the drop method. Before starting the anesthetic a large dose of morphin was administered and hot water bottles were placed between the shoulders, on the chest, in the sacral region, and between the thighs. This practice, which was only followed during the latter part of the service, reduced the incidence of postoperative chest complications. A rectus incision was usually employed. It was made above or below the umbilicus and on the right or left side, depending on where one expected to find the majority of the lesions. When there were wounds of entrance and exit it was at times advantageous to simply open the abdomen by following the trajet of the missile.

If the small intestine was injured then one or more dilated and congested coils presented themselves in the incision, the lesions were found in the dilated loops, while the remainder of the small bowel was pale and contracted. My procedure was to seize one of the dilated loops, examine it, make the necessary repairs, and, starting from this loop, examine the remainder of the small gut. As soon as I had examined one coil of intestine my assistant quickly replaced it in the abdomen so that there was a minimum amount of exposure at one time. It is essential that every inch of small intestine be examined. I know of a case in which one of America's most distinguished surgeons did not deem this precaution necessary, and the necropsy showed a missed perforation. When we know the trajet of the projectile it may not be necessary to examine all the large intestine. Perforations usually were closed by a single purse string suture. I have no opinion of any value as to the best method of intestinal anastomosis because my mortality was so frightful in the class of cases in which I practiced resection. With a rectus incision and a wound of the splenic or hepatic flexure it is best to mobilize the angle of gut by an incision through the peritoneum around its outer and upper borders. Wounds of the colon usually present much greater technical difficulties than do those of the small gut. It is best to leave liver injuries alone, but if one is impelled to do something, then pack and do not suture. I am as yet uncertain as to whether or not the surgeon should attempt to remove an éclat from the liver substance. Some French surgeons have insisted that every intra-abdominal missile should be searched for and removed. If it is a fragment of shell casing, I believe it should be looked for if the search does not greatly add to the operative risk. At the conclusion of one operation I found an éclat sticking in the posterior parietal peritoneum below the duodenojejunal flexure. I removed it and was confronted by a fountain of blood. The bleeding was quickly controlled by sticking the finger in the hole. The patient's condition was then so critical that a pack was substituted for a finger, and the abdomen closed. The man died shortly afterward in the shock ward. Whenever fecal matter had been spilled in the peritoneal cavity I did not have the courage to close without drain-

1. Crile: J. A. M. A. (Aug. 16) 1919.



age. I have seen several cases of gas gangrene of the abdominal wall; it is important to remember that the general principles of débridement must be carried out here as in other war injuries. I was early warned that most careful suture of these laparotomy wounds must be carried out as they have a tendency to break down or open up. The following are the notes of an interesting case that occurred on my service when we were with the army of occupation:

Sergeant H. Gunshot wound in abdomen. Perforating. Duration three hours. Patient had been shot by another soldier with an automatic pistol. Wounds of entrance and exit so situated on left side of abdomen that penetration of peritoneal cavity is probable. Incision along outer border of left rectus. Bullet had passed through parietal peritoneum, but no viscus had been injured. Usual closure with chromic gut, eight tension sutures of silkworm gut tied over a large roll of gauze. Seventy-two hours later Captain Tupper reported that the wound was open and the intestine prolapsed. Examination in operating room revealed the fact that all the sutures had been broken and the small intestine and transverse colon were outside the abdominal cavity. It was impossible to discover how long this condition had existed, but large areas of intestine were covered with a thick fibrinous deposit and several loops of bowel were glued to the pubic hairs. Under ether anesthesia the prolapsed viscera were irrigated with hot saline solution and gently returned to the abdominal cavity. Wound again sutured, but I employed tension sutures of heavy silk. There was no postoperative distention and patient passed gas soon after recovering from the anesthetic. Aside from a sloughing of the skin around the incision, and an irregular pulse, which was controlled by digitalis, recovery was without incident.

It was a notable fact that in all these abdominal cases, despite the great amount of handling of the intestines, in the absence of peritonitis, there was very little postoperative distention.

Taken as a whole, the treatment of gunshot wounds of the abdomen was about the most unsatisfactory work of any phase of war surgery. The responsibility was great and the mortality high. It had none of the red fire features of chest surgery, and it lacked the many novel experiences that accompanied the opera-

tive treatment of battle injuries of the brain. At times, however, one had the supreme satisfaction of knowing that he had actually saved the life of an American soldier.

---

### REPORT OF A CASE OF APPENDICEAL ABSCESS DISCHARGING THROUGH THE VAGINA IN A GIRL OF NINE YEARS

REMARKS BY

MILES F. PORTER, M.D., F.A.C.S.

FORT WAYNE, IND.

Case Report.—E. R., female, aged 9 years, referred to me by Dr. Underwood on July 11. The following history was obtained: She had attack of flu in February, followed by pain all over the belly, finally localizing in left side of pelvis. About a week later there was a copious discharge of pus from the vagina, with relief of symptoms. She remained well until twenty-four hours prior to my visit, at which time she began to complain of gastric pain, pain in the right lower quadrant, and vomiting. Dr. Underwood made a diagnosis of appendicitis, in which I concurred, after an examination which revealed a tender mass at the bottom of the pelvis felt by the finger in the rectum, and operated on her a few hours thereafter, the operation being performed thirty-six hours after the onset of this attack. Through a Kammerer incision, adhesions were found involving the cecum, ileum, and broad ligament, and extending down into the pelvis. During the separation of the adhesions, several abscess cavities were opened. The appendix was found perforated near the cecal end. The appendix was removed and a rubber drain placed to the bottom of the pelvis, passing the stump of the appendix, which, together with several adhesions, was ligated with catgut. The patient's progress was satisfactory for about eight days, when she began to complain of back pain and frequent desire to empty the rectum and bladder. The drainage from the wound had been quite copious until within a few hours of the onset of these symptoms. A day or two later, the above symptoms continuing and the temperature rising to 102 degrees F., a rectal examination was made, revealing a very tender but nonfluctuating mass in the pelvis, whereon the lower end of the original wound was opened and the finger introduced into the pelvis without opening the general peri-

toneal cavity and without discovering any pus. A drain was placed and dressing applied. There was a copious serous discharge for two or three days, which finally subsided, and the drain was removed. Following this last operation, there was considerable mucopurulent discharge from both the vagina and rectum. The rectal discharge continued for a few days and then stopped. The vaginal discharge diminished but is still present and amounts to a mild leukorrhea. Immediate relief followed the operation, and it has continued up to date (two weeks since the last operation). At present there remains a slight discharge from superficial stitch infection, aside from which the patient seems perfectly well and is able to be up.

Remarks.—Abscesses originating from the appendix and opening through the vagina are rare. I have seen a number of pelvic infections with pus, in which both the appendix and tubes were involved, and a number of pelvic abscesses which clearly originated in the appendix, but have never seen an abscess of this kind which opened spontaneously through the vagina, or even seemed to invite opening and drainage by this route.

Mynter<sup>1</sup> refers to the fact that abscesses originating in the appendix sometimes perforate into the cecum, rectum, bowels, and bladder, but makes no mention of perforation into the vagina.

Kelly<sup>2</sup> says that in women these abscesses may discharge by the vagina and this is one of the most favorable avenues for rapid evacuation.

Sonenburg's table mentions perforation through the abdominal wall, various perforations of the intestinal canal, pleural cavity, urinary bladder and uterus.

Muhsaüm's statistics show that rupture occurs most frequently through the abdominal wall, next through the intestinal canal, and third through the vagina.

Deaver<sup>3</sup> reproduces Sonenburger's table and adds that cases have been reported in which the abscess ruptured into the gallbladder, into the duodenum, into the vagina, into the ureter. This author also refers to Sonenburger's case, in which there was a pyoceles of the testicle resulting from infection of a probable pathulous vaginal tunic.

Lockwood<sup>4</sup> reports a case in which there was a return of symptoms thirteen days after the removal of the appendix and drainage of an abscess cavity, in which there was felt in the vagina at the left side of the roof, a very tender spot. A transverse incision behind the uterus evacuated a pint of pus.

Had my patient been an adult the temptation to operate through the vagina might have been great. To have yielded would have been a surgical error. The age of my patient makes the case unique so far as the writer has been able to learn.

### FOREIGN BODIES IN THE BLADDER AND THE CYSTOSCOPE AS AN AID IN THEIR REMOVAL

W. N. WISHARD, M.D.  
INDIANAPOLIS

The presence of foreign bodies in the bladder is much more frequent than is commonly supposed. Probably the most common cause is a thread of cotton or linen fiber accidentally detached in drying a catheter. The writer has had at least a dozen cases of stone in the bladder where on removal the nucleus was found to be a thread of cotton or linen, and all of them were in old men dependent on the catheter for the relief of prostatic retention of urine. The cases could be practically all avoided by simply dipping the catheter in hot water immediately before it is introduced into the bladder.

Among the writer's cases of foreign body in the bladder are included one case of a large stone formed around a piece of cane pipestem, 2.50 inches in length, which the patient confessed to have introduced himself; two cases of stone formed around chewing gum which the patient also confessed to have introduced by rolling the gum into a slender piece and inserting into the meatus; also one case of stone formed around a medicated paraffin bougie, which had been introduced by the patient for the relief of chronic urethritis; another in a boy of 9 years who had been suffering with cystitis since infancy and where a diagnosis of stone in the bladder was easily made, the nucleus of a large stone removed through a suprapubic opening was found to be a medium sized

1. Appendicitis and Its Surgical Treatment, p. 70.

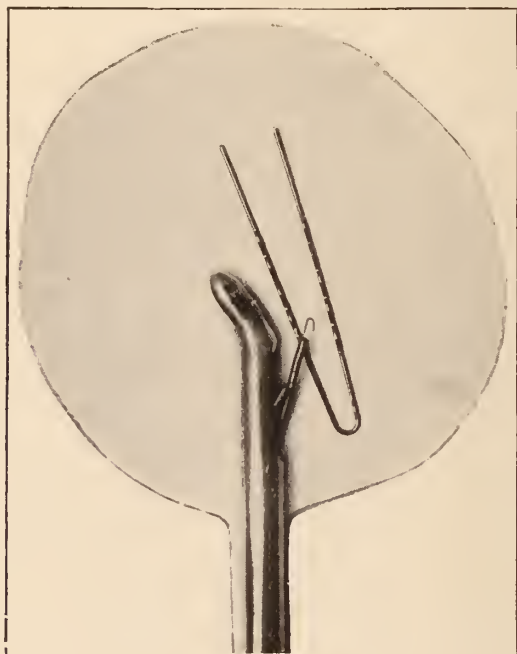
2. The Vermiform Appendix and Its Diseases, p. 204.

3. A Treatise on Appendicitis, p. 119.

4. Appendicitis, Its Pathology and Surgery, p. 274.



cambric needle. Owing to the history in this case, the inference was that a meddlesome nurse in washing the child in infancy had attempted to explore the urethra with the blunt end of the needle and had lost it, and it had finally worked its way back into the bladder. Other cases include broken catheters, rotten from long use; also a pin introduced head first by a boy of 5 years which was removed immediately afterwards and before a stone had formed around it; and in another case an ordinary lead pencil, only a part of which had passed into the bladder.



In a recent case on which the writer did a suprapubic prostatectomy, a small piece of gauze, accidentally left in the bladder, was followed by symptoms of stone a few weeks after the suprapubic wound was closed. Prompt removal of the gauze showed beginning encrustation with phosphatic stone. This experience emphasizes the importance of cystoscopic inspection of the bladder through the suprapubic opening before the wound is allowed to close, in all case where gauze has been used.

On Oct. 8, 1914, the writer was consulted by a young married woman for the relief of an extremely irritable bladder. Cystoscopic inspection showed the presence of a hair pin in the bladder, which had probably found its way there by the patient's effort to produce an abortion and by her ignorance of anatomy. Its

removal was easily accomplished with a catheterizing cystoscope through which was passed a medium sized urethral catheter, the end of which had been cut off and through which was passed a small piece of fulguration wire. The end of the wire was allowed to project far enough to make a very diminutive "shepherd's crook" by bending it. By tilting the hook, as in adjusting a ureteral catheter, the curved end of the hairpin was easily caught by the bent wire, and on immediate removal of the cystoscope the hairpin was removed with it.

This method of removing a hairpin from the bladder, which the writer has not seen described elsewhere, affords a simple, harmless and comparatively painless relief in such cases, the technic of which is well illustrated in the accompanying cut.

#### LOBECTOMY VS. LIGATION OF THE VESSELS IN TOXIC GOITER

T. B. NOBLE, M.D.  
INDIANAPOLIS

The question of lobectomy, or ligation of the vessels, as the indicated procedure in combating toxic goiter has received a considerable degree of importance in surgical discussion. In the more mild forms of the disease lobectomy has come to be the universal method of choice, but the differentiation for lobectomy or ligation in the more grave forms, becomes progressively, a debatable question. Debatable not only in discussion but also in practice. Early diagnosis and early surgical interference is the answer to this question. With the exception of the acute fulminate cases, which are comparatively rare, every case allowed to progress to a condition contraindicating lobectomy is evidence of neglect.

Until recent years the condition of a patient suffering from exophthalmic goiter was determined by the intensity of the four cardinal symptoms as interpreted by the individual surgeon. This has changed, with our increased knowledge of laboratory aids in this diagnosis it is possible to place our patient definitely on a scale of toxicity. With these new adjuncts it is relatively easy to establish a given intoxication but it does not follow that the index of

toxicity is also an index to operative interference when applied practically.

Ligation of the vessels, when done as a curative measure, in the early manifestations of the disease may have its virtue, but ligation as a primary procedure to lobectomy is certainly the result of mismanagement. To precede lobectomy by ligation is a tendency to error on the side of safety. Our practical experience has borne statistics greatly in favor of lobectomy, both for the degree of satisfactory result and mortality. We do not practice ligation of the vessels, regardless of the type of case.

Lobectomy in itself when skilfully done is not an operation of any great stress to a patient. The removal of the simple hyperplastic gland is attended with a minimum reaction. Judging from this condition the actual physiological disturbance is very little. In the toxic goiter the iodine compound elaborated by the gland is the mischief maker. The body economy being already surcharged with this substance does not stand stress of any type well, either physical or mental. Ligation of the vessels is always followed by a reaction, varying in degree but occasionally distinctly stormy. Undoubtedly this is chiefly mental. It is said that in carrying out a lobectomy the manipulation of the gland mechanically increases the output of its secretion into the blood stream, this giving rise to extreme postoperative intoxication. This conjecture may be true in part, but if the dissection is rapidly carried out, constantly working away from the structure until ligation of the vessels is possible, and controlling the hemorrhage, after removing the amount of glandular substance decided on by mattress sutures instead of individual ligation, it is reduced to a minimum. Another fault to be avoided is the removal of too little of the structure, thus leaving too active a seat of toxic secretion. Ample drainage is also of prime importance during the following twenty-four hours. If this plan is carried out lobectomy may be safely done even in profoundly toxic patients.

Lobectomy following a primary ligation is quite another proposition; rapid work and careful handling of the gland is impossible because of the erratic collateral circulatory changes, and the marked increase in the fibrous tissue ramifying and adjacent to the gland. This condition is potentially one of real danger in secondary operations.

Thyroid patients as a class are well informed as to the methods of treatment. Once you make it plain to an individual that they are a sufferer from this condition, their chief concern, generally, is how soon can it be completely eradicated and if it can be done at once. If the plan of primary ligation, with the idea of subsequent lobectomy is laid before them, there is an immediate protest. This procedure of necessity entails two hospital experiences, with an intervening period of anxiety—this state of mind is certainly not compatible with a cure.

1008 Hume-Mansur Building.

---

It is reported by the Bureau of War Risk Insurance that many policy holders through misunderstanding, misinformation and other causes are permitting their insurance to lapse. Thousands of these men have gotten out of direct touch with the Bureau, because of becoming transit after leaving service, failure to send forwarding addresses upon removal, and failure to furnish enough detailed information to identify their case in millions of records in which there is an almost unbelievable number of instances where scores and even hundreds have the same name. In view of this condition of affairs, the Bureau is inaugurating a national volunteer campaign for the conservation and reinstatement of War Risk Insurance and the expeditious handling of compensations, claims, allotments and allowance matters. All letters of inquiry, to insure prompt answer, should be addressed to R. W. Emerson, Assistant Director, Bureau of War Risk Insurance, Washington, D. C.

Government insurance policies are the cheapest and safest issued, and physicians should give prompt attention to converting their policies, or if allowed to lapse, reinstate them. According to a recent decision, the Secretary of the Treasury has ruled that discharged soldiers, sailors and marines who have dropped or cancelled their insurance may reinstate it within eighteen months after discharge without paying the back premiums. All they will be asked to pay will be the premium on the amount of insurance to be reinstated for the month of grace in which they were covered and for the current month.





WILLIAM HENLE STEMM

President of the Indiana State Medical Association, 1918-1919



L.L. WHITESIDES  
FIRST VICE PRESIDENT  
FRANKLIN



S.B. SIMS  
SECOND VICE PRESIDENT  
FRANKFORT



CHAS. N. COMBS  
SECRETARY-TREASURER  
TERRE HAUTE



F.M. SCHORTEMEIER  
EXECUTIVE SECRETARY  
INDIANAPOLIS



HENRY B. HILL  
THIRD VICE PRESIDENT  
LOGANSPORT





GOETHE LINK  
CHAIRMAN SURGICAL SECTION  
INDIANAPOLIS



H.O. SHAFER  
SECRETARY SURGICAL SECTION  
ROCHESTER



V.V. CAMERON  
CHAIRMAN MEDICAL SECTION  
MARION



JANE KETCHAM  
SECRETARY MEDICAL SECTION  
INDIANAPOLIS



E.M. SHANKLIN  
SEC EYE EAR NOSE AND THROAT SECTION  
HAMMOND



JOHN R. NEWCOMB  
CHAIRMAN EYE EAR NOSE AND THROAT SECTION  
INDIANAPOLIS

# THE INDIANAPOLIS SESSION

---

The 1919 session of the Indiana State Medical Association will be held in Indianapolis, Wednesday, Thursday and Friday, September 24, 25 and 26, 1919. As stated last year, when the Association met at Indianapolis, the members of the Association are so well acquainted with the attractions of Indianapolis as a meeting place that a comprehensive writeup, such as has characterized special program numbers of *THE JOURNAL*, is unnecessary. It is sufficient to say that the meeting place is centrally located and easily reached from every part of the state. The medical men of Indianapolis, and especially the members of the Marion County Medical Society, extend a generous welcome to the visiting doctors and their wives, and an effort will be put forth to make the visit both profitable and pleasant.

## PLACE AND TIME OF MEETINGS

The Claypool Hotel has been selected as general headquarters of the Association. There the members will register, and there also will be held all of the meetings of the Association.

On Wednesday afternoon at 4:30 o'clock the Council will hold a meeting in the Palm Room. At 7 o'clock on Wednesday evening the first meeting of the House of Delegates will be held in the Palm Room. The second, or final, meeting of the House of Delegates will be held at the same place at 9 o'clock on Friday morning. The final meeting of the Council will be held in the Palm Room at 2 o'clock Friday afternoon. There will be no meetings of special sections except for the election of officers for the ensuing year, and these elections will take place at 4:30 p. m. on Thursday, in either the Assembly or Palm Rooms, as the members of the sections may decide. It is expected that these elections will be held, though it has been suggested—and the suggestion is worthy of adoption—that the section officers for this year shall hold office for another year. The general meetings, the only ones scheduled, will be held in the Assembly Room.

## ENTERTAINMENTS

The annual smoker and get-together meeting will be held in the Assembly Room on Wednesday evening at 7:30 o'clock. This smoker should

be the really "good time" of the session, and aside from music and "eats," the committee has announced that there will be other features which will make the entertainment different from the usual smoker.

The Committee on Arrangements announces that the big event of the session will be the dinner on Thursday night at 6:30 o'clock in the Riley Room. Tickets for this dinner will be \$2.50, with five dollars' worth of entertainment thrown in. In addition to music, there will be a varied program, the nature of which has not been divulged by the Committee. The serious part of the program will consist in the President's address and the address of a prominent speaker from out of the state.

Again the ladies are invited most cordially, and every effort will be put forth to make their visit a pleasant one. Their entertainment will consist in visits to the child welfare clinic, in which every doctor's wife should be interested, and an afternoon tea and musicale.

## REGISTRATION

On arrival at Indianapolis the members of the Association should proceed to the registration bureau of the Association which will be located on the eighth floor of the Claypool Hotel. Registration will be by membership card, and to avoid delays and confusion members are urged to have their cards ready for inspection by the registration committee. Badges will be furnished the members for identification. Letters and telegrams may be sent to the Claypool Hotel, in care of the Committee on Registration.

## HOTELS

Claypool Hotel, official headquarters, European plan; rates: one person, without bath, \$2.50 to \$4; two persons, \$4 to \$6; rooms with bath, one person, \$3 to \$6; two persons, \$5 to \$9.

Hotel Severin, European plan; rate: \$2.75 and upward per person. All rooms with bath.

Washington Hotel, European plan; rate: \$2.75 to \$4.25 for one person; \$1.25 extra when two persons are in room. All rooms with bath.

Lincoln Hotel, European plan; rate: \$3 and upward per person; two persons in a room \$1 extra. All rooms with bath.



Hotel English, European plan; rates: without bath, \$2; with bath, \$2.50 to \$3.50; two persons in a room, \$1 to \$1.50 extra.

Denison Hotel, European plan; rates: without bath, \$2 and \$2.50; with bath, \$2.50 to \$4; two persons to a room, \$1 and \$1.50 extra.

Besides this there are numerous smaller hotels and boarding houses affording good accommodations at reasonable rates. The Committee on Arrangements will assist in securing accommodations if notified in advance.

Members are urged to make reservations at hotels in advance and thus avoid delays and confusion incident to assignment after arrival.

### OFFICIAL CALL TO THE HOUSE OF DELEGATES

The next annual session of the Indiana State Medical Association will be held at Indianapolis, Wednesday, Thursday and Friday, September 24, 25 and 26, 1919. The House of Delegates will be constituted as follows: Marion County, 6 delegates; Allen, Vigo and Lake, each 2; the other eighty-three counties each one; the thirteen councilors and the president and secretary of the Association, and the last three ex-presidents, namely, George F. Keiper, John H. Oliver and J. Rilus Eastman. Properly executed credentials for delegates should be sent to Dr. George W. Spohn, Elkhart, or brought to the meeting. No delegate will be seated unless wearing the official badge. The House of Delegates will convene promptly at 7 p. m., Wednesday, September 24, in the Palm Room at the Claypool Hotel; and again at 9 a. m., Friday, September 26, in the same place.

The order of business will be as follows:

1. Call to order by the president.
2. Roll call and seating of qualified delegates.
3. Reading minutes of previous meeting.
4. Reports of officers, secretary-treasurer and executive secretary.
5. Reports of Standing Committees: (a) Arrangements; (b) Scientific Work; (c) Administration and Medical Defense; (d) Credentials; (e) Necrology; (f) Publication; (g) Scientific Exhibit.
6. Reading of communications.
7. Reading of memorials and resolutions.
8. Unfinished business.
9. New business.

Election of officers will be the first order of business Friday morning at 9 a. m.

In addition to the regular officers the terms of the following expire January 1, 1920, and their successors must be elected at this session:

(a) Delegates to the American Medical Association: Charles Stolts, South Bend; Albert E. Bulson, Jr., Fort Wayne; alternates, E. E. Evans, Gary, and H. B. Hill, Logansport. Delegates must have been members in good standing in this Association and of the A. M. A. for the past two years.

(b) Member of the Committee on Administration and Medical Defense: George R. Daniels, Marion, for the ensuing three years.

(c) Delegates from counties comprising the Second, Third, Fifth, Sixth, Ninth, Eleventh and Twelfth districts are reminded that their councilors' terms will expire on December 31, 1919. They are as follows: Second, Dr. J. B. Maple; Third, Dr. Walter Leach; Fifth, Dr. Spencer M. Rice; Sixth, Dr. O. J. Gronendyke; Ninth, Dr. William R. Moffit, Lafayette; Eleventh, Dr. G. G. Eckhart, Marion; Twelfth, Dr. E. E. Morgan, Fort Wayne.

The first meeting of the Council will be held at 4:30 p. m., Wednesday, September 24, in the Palm Room of the Claypool Hotel. The second meeting will be held at 2 p. m., Friday, September 26, at the same place.

CHARLES N. COMBS, Secretary,

### ANNOUNCEMENT OF COMMITTEE ON CREDENTIALS

*Members of the House of Delegates, Indiana State Medical Association.*

GENTLEMEN:—It is a law of the Association that the credentials of delegates shall be in the hands of the Committee on Credentials before the first day of the annual session. This is for the purpose of preventing confusion and saving time that should be occupied in the business before the House of Delegates. It is hoped that county secretaries will see that this law is observed. Please forward name of the delegate and alternate either to the chairman of the committee or to the executive secretary's office.

GEORGE W. SPOHN, Elkhart,  
Chairman, Committee on Credentials.

# ANNOUNCEMENT OF COMMITTEE ON SCIENTIFIC WORK

It is considered desirable to admonish essayists and discussants to be brief and to keep within their subjects; furthermore, to be prompt to the end that the program may be completed duly. The committee also wishes herewith to call attention to the importance of communication between essayists and their discussants previous to the session. If possible, copies of papers should be submitted to the appointed discussants. The presentation of illustrative cases will add much to the value of the essays.

Very respectfully,  
H. O. SHAFER, Chairman,  
JANE KETCHAM,  
E. M. SHANKLIN,  
CHARLES N. COMBS, *ex officio*.

## ANNOUNCEMENTS

Essayists are reminded that all papers presented before the Association become the property of the Association, and, therefore, are not to be published or submitted for publication elsewhere than in *THE JOURNAL* of the Indiana State Medical Association.

The smoker for Wednesday evening promises to have some features which will make it "different" from the usual smoker, and members are urged to come to Indianapolis early to participate in this affair for the renewing of old and the making of new friendships and acquaintances.

The Paul Coble Post of the American Legion will hold a dinner and informal meeting at the Claypool Hotel, at 6:30 p. m., Thursday, September 25. All physicians in Indiana who were in military service are urged to be present. Further announcement will be made at the time of the meeting.

The truly "big event" of the session will be the dinner at 6:30 Thursday evening in the Riley Room of the Claypool Hotel. Tickets (\$2.50 each) should be secured early. There is to be good music, good speakers, and a varied program of unusual spice, the nature of which the Committee on Arrangements is not divulging.

The members and those accompanying them are requested to register on their arrival. The bureau of information and registration is on the eighth floor of the Claypool Hotel. Present your membership cards when registering. Members without their cards may register after their standing has been verified by consulting the records.

The election of officers will be the first order of business at the meeting of the House of Delegates held in the Palm Room, Friday at 9 a. m. No member of the House of Delegates is eligible to office, and delegates to the American Medical Association must have been members in good standing of the A. M. A. for the past two years.

You are requested to wear the official badge, which is supplied when you register, when attending or participating in the meetings. Members of the House of Delegates will have designating badges. Only those who are accredited delegates are entitled to vote at the meetings of the House of Delegates, or even to address the House of Delegates without special permission.

The ladies are urged to attend the social and child welfare clinic, for ladies, from 9 to 11 a. m. on Thursday; and also the luncheon and musicale at 1 p. m. on Thursday given for the visiting ladies by the wives of the Indianapolis medical profession. The Indianapolis ladies are charming entertainers, and the program they have outlined promises to be up to the usual standard.

Essayists should bear in mind that their papers as presented at the Indianapolis session represent copy for *THE JOURNAL*, and accordingly the title and full name and address of the essayist should appear at the top of the manuscript, and the body of the manuscript should be carefully edited. Attention to paragraphing, punctuation, capitalization and grammatical construction of sentences will go a long way toward helping the editor and the printers. All manuscripts should be typewritten.

## CONDENSED PROGRAM

### Wednesday, September 24

#### AFTERNOON

Meeting of the Council at 4:30 p. m. in the Palm Room.

#### EVENING

Meeting of the House of Delegates, 7 o'clock, Palm Room.

Informal smoker and get-together meeting, 7:30 o'clock, Assembly Room.

### Thursday, September 25

#### FORENOON

General meeting, 8:30 a. m., Assembly Room.  
No section meetings.

#### AFTERNOON

General meeting 2 p. m., Assembly Room.  
Election of section officers, 4:30 p. m., Assembly and Palm Rooms.

#### EVENING

Dinner, 6:30 p. m., Riley Room.

### Friday, September 26

#### FORENOON

General meeting, 8:30 a. m., Assembly Room  
Meeting of House of Delegates, 9 a. m., Palm Room.  
No section meetings.

#### AFTERNOON

General meeting, 2 p. m., Assembly Room.  
Meeting of the Council, 2 p. m., Palm Room.  
No section meetings.



## OFFICIAL PROGRAM OF THE INDIANA STATE MEDICAL ASSOCIATION

TO BE HELD AT INDIANAPOLIS, SEPTEMBER 24, 25, 26, 1919

### HOUSE OF DELEGATES

First meeting, Palm Room, Wednesday evening, September 24, at 7 p. m.

Second meeting, Palm Room, Friday morning, September 26, at 9 a. m.

### COUNCIL

First meeting, Palm Room, Wednesday, September 24, at 4:30 p. m.

Second meeting, Palm Room, Friday, September 26, at 2 p. m.

Additional meetings are at the call of the President of the Council.

### GENERAL MEETINGS

(ASSEMBLY ROOM, CLAYPOOL HOTEL)

Thursday, September 25, 8:30 a. m.

Thursday, September 25, 2 p. m.

Friday, September 26, 8:30 a. m.

Friday, September 26, 2 p. m.

### SECTION MEETINGS

Section meetings, unless specially called, will be held only for the annual election of officers, which will take place Thursday, September 25, at 4:30 p. m., in the Assembly Room and Palm Room. Unless an election is held the present section officers will hold over for another year.

### ENTERTAINMENTS

Wednesday, September 24, 7:30 p. m., smoker and get-together meeting, Assembly Room.

Thursday, September 25, 6:30 p. m., dinner in Riley Room.

#### FOR VISITING LADIES

Thursday, September 25, 9 to 11 a. m., Social and Child Welfare Clinic.

Luncheon, 1 p. m., followed by musicale. (Place to be determined later.)

## SCIENTIFIC PROGRAM

### GENERAL MEETINGS

(ASSEMBLY ROOM, CLAYPOOL HOTEL)

Thursday, 8:30 to 11 a. m.

Organization.

Address of Welcome.

#### PAPERS

1. DR. NETTIE B. POWELL, Marion.

Subject: Influenza in Children.

*Abstract.*—"Flu" in children—sequelae; irregular symptoms, cases not true to type; excretory organs—albuminuria, nephritis, pyelitis; gastro-intestinal—enteritis, tuberculosis, typhoid; pleura—emphysema;

adenitis—all head involvements, meningitis, mastoid, asthma; heart—myocarditis, endocarditis. Prophylaxis—as the obstetrician's skill necessary to deliver a healthy baby, so our work to keep a child fit for its future, not crippled in heart or kidney.

2. DR. CHARLES P. EMERSON, Indianapolis.

Subject: Clinical Manifestations and Sequelae in Influenza.

*Abstract.*—The fearful aftermath of previous epidemics of influenza. The problem whether this is the same disease or not. A consideration of the past epidemic with a discussion of its special features. Prophylactic measures which should be taken now to diminish its probable recurrence in the coming winter and to diminish its sequelae.

3. DR. E. N. KIME, Indianapolis.

Subject: Correlation of Bacteriological and Pathological Findings in Influenza in One Hundred Necropsies at Camp Taylor, Ky.

*Abstract.*—1. General features of epidemic. 2. Pathological and bacteriological findings: a. first week; b. second week; c. third week; d. fourth week. 3. Complications. 4. Conclusions.

4. CAPT. A. E. MOZINGO, Camp Pike, Ark.

Subject: Empyema, with Moving Pictures.

*Abstract.*—1. A single, early, minor operation without danger of shock or collapse of lung. 2. Intermittent removal of secretions and antiseptic treatment given through a small rubber tube with a bull syringe. 3. Use of normal saline, Dakin's solution, and 2 per cent. dilution of liquor formaldehydi in glycerin. 4. Maintenance of negative pressure in the empyemic cavity with tending to early obliteration of the cavity. 5. One dressing which will last several days and no skin irritation. 6. Rapid, permanent cures with no chest deformity. 7. Greatly lowered mortality.

Details of method. Diagnosis. Physical signs. The operation and removal of fluid. First treatment and dressing. Treatments—kind and frequency. Importance of early operation. Negative pressure. Smears and cultures. Roentgen rays. Removing of tube and closing of sinus. Recurrence.

Exercises. Breathing. Woulfe bottles. Cales-thentics.

Report of cases by closed method. Acute. Chronic—following trocar thoracotomy, following open method. Complications. Unusual cases. One case unilateral, 7 quarts pus removed at operation (recovered); five cases bilateral (three recoveries).

Necropsy. Reports of three cases.

History. Closed method. Special trocar cannula. Modifications.

Comments on this method. Mortality reports from various camps. Comparison with other methods. Conclusions.

Discussants: Drs. C. R. Sowder, Indianapolis, and L. P. Drayer, Fort Wayne.

Thursday, 2 p. m.

1. DR. ADA SCHWEITZER, Indianapolis.

Subject: Child Hygiene and the Doctor.

*Abstract.*—Every physician can assist the Division of Child Hygiene by encouraging intelligent observance of our marriage laws; studying factors affecting the health of the germinal cells; insisting on proper prenatal and postnatal care, including a rest period for the mother preceding and following confinement; taking every precaution to insure the health of the mother and child; a prompt and correct reporting of each birth; insisting on breast feeding at regular in-

tervals adapted to age; giving at least as much study and preparation to any necessary artificial feeding formula as he would give to his first performance of a serious surgical operation; regularly weighing and measuring the child and carefully treating any deviation from normal; regular supervision of factors affecting the mother's health; devoting definite periods to community child hygiene activities; encouraging municipal provision for such activities to the end that, the public may better understand the importance of: (a) the removal of handicaps by the early correction of defects; (b) the reduction of morbidity and mortality by the conservation of health.

2. DR. J. R. NEWCOMB, Indianapolis.

Subject: Relation of Ophthalmology to Child Hygiene.

*Abstract.*—The normal eye; normal vision, how determined; deviations from the normal, how detected.

Abnormalities due to heredity, congenital conditions, prenatal and postnatal injuries and infections, and to malnutrition.

The rôle of the ophthalmologist, the family physician, the family, the school and the child in the prevention and correction of abnormalities.

General improvement of the child following correction of faulty vision. General deterioration of the child in the absence of correction of faulty vision.

Outlook for those children having permanent defective vision. The duty of the state toward these children.

A plea for a broader and more general appreciation of the subject of eye strain in children, its prevention, correction and amelioration.

3. DR. DANIEL W. LAYMAN, Indianapolis.

Subject: Relation of Oto-Laryngology to Child Hygiene.

Discussants: Drs. O. J. Breitenbach, Columbus, and W. A. Hollis, Hartford City.

4. DR. C. D. HUMES, Indianapolis.

Subject: Meningitis—Neurological Manifestations.

*Abstract.*—A causative factor of mental defectives: epileptics; constitutional psychopathy—types of, etc. Meningitis and its predominant neurological signs and pathology. Treatment in relation to neural pathology.

5. DR. J. A. MACDONALD, Indianapolis.

Subject: Meningitis—Systemic Manifestations, Complications and Treatment.

*Abstract.*—The older terminology, while historically proper, is likely to be misleading, especially since following the widespread incidence of this disease among troops, the sporadic type becomes a factor of importance in civilian communities receiving the returning soldier.

The carrier problem. In civil life the convalescent carrier and contact carrier are the more important.

The conception of the disease as that of a meningococcus sepsis.

Importance of recognition during pre-meningitic phase by early clinical evidences, blood culture and nasal-pharyngeal culture.

Symptomatology. Recognition of the disease aided by appreciation of the septic characteristics.

Clinical classification. Treatment—intravenous and intraspinal.

Discussants: Drs. Hugh Miller, South Bend, and C. N. Howard, Warsaw.

6. DR. E. B. MUMFORD, Indianapolis.

Subject: Active Mobilization in Joint Conditions.

*Abstract.*—A new chapter in joint surgery must be written, based on the work of Willems of Belgium. Active mobilization in purulent joint infections and in intra-articular fractures is directly opposed to the older method of immobilization and passive motion. Its value lies in producing better drainage of the joint, limiting to the minimum the intra- and peri-articular adhesions, keeping all muscles in the best tone and thus preventing atrophy and gives as a final result the maximum degree of motion.

Purulent joints given free drainage, and active mobilization begun as soon as the patient is out of the anesthesia and to be given every two hours, day and night. No drains are placed in the joint. Pain is comparatively little and under control of patient. Walking in knee infections begun at an early date.

In intra-articular fractures in which motion does not produce a displacement of the fragments active mobilization is begun early.

Fever not a contra-indication to active mobilization. End results best in the knee and elbow.

Discussants: Drs. William R. Davidson, Evansville, and A. C. Arnett, Lafayette.

7. DR. SCOTT EDWARDS, Indianapolis.

Subject: Blood Sugar in Cancer.

*Abstract.*—In a healthy individual, by feeding a given amount of glucose on a fasting stomach, it is possible to determine the normal content of sugar in the blood at given periods, following this meal. In this manner a normal curve is established.

With this curve a departure from normal can be found in many different clinical conditions.

The tolerance of blood sugar in patients having cancer is high and remains high over an abnormally long period. This fact offers possibilities as an aid to diagnosis of cancer.

8. DR. A. PARKER HITCHENS, Indianapolis.

Subject: Lipovaccines.

*Abstract.*—Lipo vaccines are suspensions of bacteria in oil. Experiments have been made with a number of different oils, but cottonseed oil seems so far to have given the best results. The slow absorption of the oil makes it possible to give very large doses at a single injection, so that an immunizing treatment may be contained in one dose instead of three. They also have the advantage over saline vaccines in that the antigenic substances are released to the tissues gradually and constantly as in recovery from disease. By thus simplifying prophylactic treatment the prevention of other infections is made feasible; for instance, the results already obtained in the prophylaxis of pneumonia are most promising.

Discussants: Drs. G. W. McCaskey, Fort Wayne, and Harry Langdon, Indianapolis.

Friday, 8:30 a. m.

1. DR. ARTHUR GUEDEL, Indianapolis.

Subject: Sub-Classification of Third Stage of Anesthesia with Significance of Eyeball Movements.

*Abstract.*—To meet the demands of better anesthesia I have sub-divided the third stage with ether into four strata. Proper anesthesia should be the maintenance of the upper or first of these strata.



The action of the motor muscles of the eye, hitherto unclassified, serve as the most important guide to this stratum or stage. It is at the bottom of the upper stratum of the third stage, i. e., the junction of the upper and second strata, that the motor muscles of the eye reach a state of complete paralysis which renders the eyeball stationary and on center. If the eyeball shows any oscillatory movement or is stationary but excentric, the degree of anesthesia is not below the upper stratum. After the first ten minutes of anesthesia, this upper stratum is anesthesia deep enough for any surgical operation. It is the ideal stage.

Discussants: Drs. Charles Cabalzer, Indianapolis, and Marie Kast, Indianapolis.

2. DR. O. O. MOELTON, Hammond.

Subject: Conservative Surgery.

*Abstract.*—The safety afforded operative measures by the perfected technic evolved from bacteriological studies, combined with the advantage of satisfactory anesthesia.

Accumulated experience in operative results, with more satisfactory means of arriving at a fairly accurate diagnosis, have shown the way to conservatism, the way to prolong our patient's life in health and comfort, with least possible damage to remaining structure. The greatest error in conservatism at the present time is in the failure to make an early and accurate diagnosis, since this offers the only opportunity to attack disease without complications while it is limited in extent, most often localized in character, and presents at this early time the possibility of removal or cure with the least possible trauma and with small probability of complications. Certain it is that the cystoscope, urethral catheter, microscope, roentgen ray, vascular tension apparatus, stomach tube, laryngoscope, serum and toxin tests and other diagnostic methods, taken in conjunction with the accumulated experience with our own and preceding generations, increase our perspective of disease and place us in a position to recognize early lesions capable of being treated conservatively with safety and precision. Merited criticism will be ours in proportion to our failure to apply the recognized aids leading to a diagnosis which permits our patients to regain their health with the least possible damage.

3. DR. E. E. PADGETT, Indianapolis.

Subject: Treatment of Uterine Fibroids, Laying Especial Emphasis on the Relative Merits of Surgery, Radium and the Roentgen Ray in the Treatment of Such Cases.

*Abstract.*—Etiology not definitely known. A number of causes given, ranging from continency to syphilis.

Symptoms with which we are interested are: (a) locally; hemorrhage, pressure. (b) General: constitutional deterioration as shown in effect on circulatory system. (c) Complications; adhesions or infections of other structures about lower abdomen. (d) Degenerative changes in the tumor itself.

Surgery the oldest radical remedy. Early operations carried high mortality. Mortality much lower under modern surgical technic. Advantages, ability to find and remove all diseased tissue in surrounding structures. Stop all hemorrhage—removes all pressure symptoms. In case degenerative processes have begun they are removed by removal of tumor. Cause of injury to circulatory system removed by removing tumor, and by this means only. Operation safe in competent hands and does not of necessity stop menstruation and child bearing, as tumor alone in some cases can be removed. Is rarely necessary in uncomplicated cases to rob patient of her ovaries.

Radium and roentgen ray will in many cases stop the hemorrhage. It does nothing to the size of the tumor. Does not relieve pressure symptoms. May have some value in stopping the systemic deterioration in the circulatory system. Will excite an infection which has long been dormant. Does nothing for the degenerative changes that are taking place in the tumor, unless given in small doses, and with care it brings on an early and permanent menopause.

Surgery, therefore, is the therapeutic agent of choice, contra-indicated only by the heart or kidney lesion, by advanced tuberculosis or by general circulatory breakdown.

4. DR. CHARLES HAYWOOD, Elkhart.

Subject: Some Fractures of the Pelvis.

*Abstract.*—Mechanics of the pelvis. Position of the pelvis. Sexual differences in pelvis. Fractures of pelvis not so rare as generally supposed nor necessarily so serious. Varieties of fractures. Necessity of careful roentgen-ray examination of pelvic ring before manipulation. Injuries resulting to pelvic organs. Treatment—mild cases require only rest in bed with light immobilization. Special cases require surgical intervention. Case reports.

5. DR. W. H. BAKER, South Bend.

Subject: A Few Observations Concerning Chronic Uterine Infections.

*Abstract.*—From surgical standpoint. Associated with tubal infections. Pathology, gross and microscopic, in these cases, both before and after removal of tubes. Uterus as foreign body after removal of both infected tubes. Treatment of such uteri. Report of two cases as example that is common in many.

Discussants: Drs. T. C. Kennedy, Indianapolis, and A. F. Knoefel, Terre Haute.

Friday, 2 p. m.

1. DR. HARRY K. BONN, Indianapolis.

Subject: Hour-Glass Bladder; with Report of Operated Case.

*Abstract.*—Pagenstecher's embryologic evidence for the belief that all bladder sacculations are of congenital origin, contrasted with Lower's observations, which induce one to regard all such vesical pouches as of an acquired origin.

Judd's belief that all hour-glass and doubled bladders and all diverticulæ found in the young are congenital, while those diverticulæ found in persons over forty years of age are of an acquired type. Unusual cases cited.

Report of a true hour-glass bladder, occurring in a male of sixty years, operated upon by a plastic procedure upon the septum, separating the two vesical compartments. Post-operative results.

2. DR. WILLIAM N. WISHARD, Indianapolis.

Subject: Résumé of Past Three Years' Work in Prostatectomy, Including Pre- and Post-Operative Conditions.

*Abstract.*—Palliative treatment of prostatic hypertrophy usually becomes preparatory treatment for prostatectomy. Early operation is advisable.

Prostatectomy is seldom an emergency operation. Temporary relief can usually be given, and operation undertaken whenever conditions are favorable. Phthalein elimination, blood urea and creatinin tests in addition to general observation give fairly accurate estimate of patient's fitness for operation. Results of suprapubic prostatectomy are uniformly good. Two-stage operation best in doubtful cases. Effective control of hemorrhage and well managed after-treatment are important for successful outcome.

## 3. DR. P. E. McCOWN, Indianapolis.

Subject: Renal Tuberculosis.

*Abstract.*—Renal tuberculosis is a chronic, insidious disease in nearly every instance. Shapiro found urinary symptoms in 10 per cent. of six hundred cases of pulmonary tuberculosis. Symptoms of this disease are variable and contradictory and must be analyzed carefully. The cystoscope is an invaluable aid in discovering the extent of the disease and whether one or both kidneys are involved. Tubercle bacilli can usually be found in infected urine if repeated examinations of consecutive daily specimens are made. Unilateral renal tuberculosis is a surgical condition and the kidney should be removed early to prevent infection of the other side. The quoted statistics following operation show much better results than those from medical treatment. Medical treatment consists of urinary antiseptics and balsamics as well as local injections for the associated bladder condition. In addition, tuberculin and the hygienic conditions of pulmonary or generalized tuberculosis are to be observed.

## 4. DR. A. C. YODER, Goshen.

Subject: Kidney Function Tests.

*Abstract.*—Importance of measuring kidney function rather than picturing the exact pathological lesion. Three tests—Introduction of foreign bodies parenterally; studying the chemistry of the blood; urinalysis.

Discussants: Drs. William S. Ehrich, Evansville, and Frank Jett, Terre Haute.

### REPORT OF COMMITTEE ON ADMINISTRATION

*House of Delegates, Indiana State Medical Association.*

Gentlemen: The work of your committee has been chiefly concerned in looking after the activities of the executive secretary's office. A vast amount of bookkeeping was necessitated in keeping track of our soldier members whose dues were paid by the funds of the State Association. In numerous cases the county society forwarded dues of these soldier-doctors prior to the ruling of the Council and a total of \$460 already has been refunded to these societies.

The committee indorses the plan to increase the membership in the state association which, it feels, should include more than one-half the physicians in the state.

The committee also makes an appeal for greater interest in county society meetings and urges that each organization get back on a peace basis as rapidly as possible. The medical profession of the state will suffer if interest is allowed to lag and the growth of the state association and the protection of our medical laws depends upon the hearty co-operation received from the individual county units.

Our financial report has been submitted by the Secretary-Treasurer and approved by us.

Respectfully submitted,

W. H. STEMM, President.

ALBERT E. BULSON, JR.,

Ed. &amp; Mgr. THE JOURNAL.

E. M. SHANKLIN,

FRANK B. WYNN,

GEORGE R. DANIELS.

### SECRETARY-TREASURER'S REPORT

Gentlemen: A preliminary statement of the affairs of the Association is called for at this time during the course of the fiscal year and is hereby submitted:

#### RECEIPTS

Balance on hand at last published report, January 1, 1919.....	\$2,954.05
Nine additional members for 1918 at \$4 .....	36.00
Additional Indianapolis Exhibitors .....	25.00
1,813 members for 1919 at \$4.....	7,252.00
	<hr/> \$10,267.05

#### DISBURSEMENTS

JOURNAL subscriptions, 1,805 members and 570 members in service, at 75c .....	\$1,781.25
Medical Defense Fund, 1,805 members and 570 members in service, at 75c .....	1,781.25
Compensation Executive Secretary .....	800.00
Stenographic help .....	560.00
Office rent .....	300.00
Bond of Secretary-Treasurer.....	17.50
Printing .....	216.69
Office supplies .....	38.92
Postage .....	66.00
Telephone and telegrams.....	146.28
Clipping service .....	8.29
Light service .....	4.30
Cash by Executive Secretary.....	67.90
Refund to County Societies for dues of members in service paid in 1918 .....	460.00
	<hr/> \$ 6,248.38
Balance on hand Sept. 1, 1919....	\$ 4,018.67

The membership is slightly lower at this time than usual and probably will continue to be so for the rest of this year. It is very fortunate that the dues were raised two years ago in time to create a fund which was able to tide us over a distinct loss this year on account of remitting the dues of all members in the service. Your Secretary desires to acknowledge the receipt of the cablegram while he was in the service, announcing his re-election and to express his sincere gratitude for this action.

Respectfully submitted,

CHARLES N. COMBS, Secretary-Treasurer.

### REPORT OF EXECUTIVE SECRETARY

*To the House of Delegates, Indiana State Medical Association:*

Gentlemen: Reconstruction has become a byword along international and domestic, professional and industrial lines. It applies also to the Indiana State Medical Association. The work of the organization has been handicapped by the war and the epidemic of influenza. Many of the members were in military service; those who were left to care for civilian needs were so rushed that they had little time to attend meetings of the county society. A number of counties held no meetings for a long period during the war and interest naturally diminished. That now belongs



to the past. With practically all of our members returned from service we should speedily get back to a prewar basis both in point of numbers and activity. In this connection your executive secretary makes the following recommendations for the ensuing year's program:

1. An active campaign to increase the membership of the state association. At present only about half of the licensed physicians of Indiana belong to the state association. The majority of these doctors should affiliate themselves with the organization. Of course, the state office will in no case seek to enroll an individual who has not been indorsed by the society of the county in which he resides. We feel, however, that every reputable physician who will uphold the ethics of the profession should be invited to join the organization.

2. As a means of stimulating interest in county society meetings we desire again to recommend the formation of a speakers' bureau, those physicians who have papers which they will read before other societies sending their names to the office to be kept on file. It is natural that an outsider will increase the interest in a local society meeting and by an interchange of views the members will derive both pleasure and profit. This office has supplied a number of speakers in this way but it also has been unable to book as many as have been desired. This has been due to two reasons, a dearth of papers in the last year and inability to obtain speakers near enough to the county desiring such speakers to keep expenses within a reasonable figure. It is understood that the county society extending the invitation will pay the expenses of the visiting speaker.

3. That members either communicate to their county secretary or to this office any items of interest to THE JOURNAL, also that copies of articles which appear in public print detrimental to the best interests of the profession be sent to this office. In some cases a suitable reply can be made; others can only be ignored. The publicity work of the association is to be continued and extended.

4. Careful consideration is urged of the report of the committee on Public Policy and Legislation in its appeal for closer cooperation from the county societies along political lines. The local committees should examine closely the records of candidates who will announce themselves before next spring's primary. As this report points out, the state association does not desire to take any part in politics, but in order to protect the public against selfish interests which seek to break down our present medical standards it is forced to remain constantly on guard. It is hoped that eventually the medical profession will not be compelled to perform the duties that rightfully belong to the state, but for the present it must devote time and energy to prevent the bars being lowered to all classes of practitioners.

5. Your executive secretary recommends that the committee on Public Policy and Legislation take up the question of more effective enforcement of the medical laws already on the statute books. This is a difficult and intricate question, especially as to what can be accomplished as regards the necessary expenses involved. However, a start toward trial cases against illegal practitioners should be made at once. It is recommended that the executive committee give the

secretary their cooperation as to this most important budget.

Your executive secretary hopes during the year to visit as many of the county societies as possible to discuss various problems affecting the interests of the profession and to discuss means of improving the effectiveness of this office by obtaining the views of the various members. For the mutual benefit of the state and county organizations a questionnaire will shortly be sent out to each county secretary asking for an expression of opinion as to the best means of stimulating the growth and improving the work of both societies.

Respectfully submitted.

F. E. SCHORTEMEIER.

Executive Secretary.

## REPORT OF ARRANGEMENTS COMMITTEE

*House of Delegates, Indiana State Medical Association.*

Gentlemen: At the time of last year's session our country was at war and all our activities were devoted to placing Indiana's medical skill at the disposal of the government. We were living in a period of two thin slices of bread and one little dab of butter. Social affairs were at a low ebb. This year your committee wishes to emphasize the opportunity the annual session affords for a renewal of old acquaintanceships. We want you to go back home feeling that you have had a bully good time.

The session will open with a smoker at 7:30 o'clock, Wednesday, September 24, in the Assembly Room of the Claypool Hotel. There will be music and "eats" and other features to make it different from the usual run of affairs of this kind.

The big event of the session will be the dinner Thursday at 6:30 o'clock in the Riley Room of the Claypool. "Jazz and Kick" is the committee's slogan in preparing for this event. In addition to music there will be a number of stunts the nature of which will not be divulged until they are sprung. The president's address will be given at this occasion and there also will be a prominent speaker from out of the state. With the exception of these two speakers any one who shows signs of becoming serious will be pounced upon by a committee specially chosen for physical prowess.

Opportunity will be afforded, if desired, for visits to the new Indiana University School of Medicine and the Long Hospital, also to various clinics.

A special committee, headed by Mrs. H. G. Hamer, has prepared an entertaining program for the ladies who will attend the session. From 9 to 11 o'clock Thursday morning the visitors will be taken to child and social welfare clinics. At 1 o'clock luncheon will be served, followed by a delightful musicale.

In arranging its program the committee feels that the cultivation of a greater spirit of good fellowship among the doctors of the state is as important as the benefit derived from the scientific papers. It asks each individual member to lay aside office worries and be nothing but a good fellow.

The local medical society and the citizens of Indianapolis extend a cordial welcome to all visiting doctors and their wives and friends.

Respectfully submitted,

C. H. McCASKEY, Chairman.

# REPORT OF COMMITTEE ON SCIENTIFIC WORK

*House of Delegates, Indiana State Medical Association.*

Gentlemen: The program offered for this session constitutes the report of your committee on scientific work.

Respectfully submitted,  
H. O. SHAFER, Chairman.

# REPORT OF COMMITTEE ON MEDICAL DEFENSE

*House of Delegates, Indiana State Medical Association.*

Gentlemen: The following cases were pending on August 1, 1919, against the different members of the Association, and the status of each is about as follows:

1. Shepherd v. Dr. Corbin. Sullivan Circuit Court. Hunt & Gamble employed by Ft. Wayne Medical Protective Co. to defend. Set for trial three different occasions and continued by plaintiff. (Still pending.)

2. Uland v. Funk & Edwards. Originated Knox Circuit Court, venued to Sullivan Circuit Court. (Pending.) Dr. Funk advised me recently that he did not think it would ever come to trial, but he was not going to compromise.

3. Thornton v. Funk & Edwards. Knox Circuit Court. Defended by you and his attorneys. This was a malpractice suit where plaintiff had received compensation under the Workmen's Compensation Law. We filed plea in abatement, setting up such facts, and the Court sustained the plea and case is ended.

4. Sarah Tyler v. Dr. Funk. Knox Circuit Court. (Pending.) The committee appointed by you reports no merit in the case, and Dr. Funk advises he will not compromise.

5. Reardon v. Dr. Yung. Vigo Circuit Court. (Pending on motion to make complaint more specific.)

6. Some one v. Dr. Johnson of Richmond. No notice of any suit filed has been received.

7. Clark v. Dr. Mauer. Venued from Grant Circuit Court to Delaware Superior Court. Dr. Mauer was informed we would assist in defense. I have asked to be advised when set for trial, but attorneys say that in their judgment it will not come to trial. Dr. Mauer has gone to California to recuperate his health.

8. Myer v. Stork. This case was omitted in my former report in that the papers were misplaced. Upon inquiry I find that the defendant has died and the case ended.

9. Crawford v. Peters. Defended by Wolf & Barnes, employed by defendant. Request made to assist, and I have been in correspondence with that firm. (The case is still pending.)

10. Maune v. Dr. Fletcher Sunman, Indiana. Application for assistance in defense received. (Case pending.)

11. Price v. Kaadt. Allen Circuit Court. (Pending.)

12. Laurent v. Dr. Wilcox. Laporte Circuit Court. (Pending.) We obtained the information at the Industrial Board, after suggesting the possibilities thereof to the attorneys for Dr. Wilcox, that this man had been receiving compensation through the Industrial Board, and suggested that this be plea in answer, and the matter is still pending.

13. Gray v. Dr. McGowan. Gibson Circuit Court. At the close of evidence for the plaintiff motion to take from the jury was sustained by the Court and the case ended.

14. Simonton v. Dr. Blinks. Laporte Circuit Court. At the close of evidence for the plaintiff motion to take from the jury was sustained by the Court and the case ended.

15. H. Karl Volland v. Dr. Marshall. Bartholomew Circuit Court. Pending on motion to make complaint more specific and strike out. (Pending.)

16. Robert F. Volland by next friend v. Dr. Marshall. Bartholomew Circuit Court. This is an action by the boy for his injury, while the last one is action by the father. (Pending.)

17. Dukollil v. Ferres. Lake Superior Court. Assault and battery. (Pending.)

18. Strieder v. Dr. McBride. Allen Circuit Court. (Pending.) We have made a great deal of effort to locate this man's army record, and the last I knew of it the attorneys were attempting to locate this in the War Department. This information came May 21st.

19. Some one v. Dr. Wilhelmus. Warrick Circuit Court. Application for defense came on the eve of trial and I communicated with the doctor, offering assistance if he would make the proper application, but before response came the case was terminated in his favor and he paid his attorneys for services.

20. Cullen v. Drs. Barnhill and Coble. Marion Superior Court. (Pending.) On the absence of Dr. Coble, on order of court, Dr. Coble having died, case is ended as to him but pending as to Barnhill.

## FINANCIAL STATEMENT RECEIPTS

Balance in fund at last published report,	
August 16, 1918.....	\$6,329.54
Deposited for members.....	2,247.00
	<hr/>
	\$8,576.54

## DISBURSEMENTS

Compensation general counsel.....	\$ 360.00
Taxes, 1917 .....	91.44
Bond of chairmen.....	15.00
Fourth Liberty Loan bonds.....	5,000.00
	<hr/>
	\$5,466.44
Balance on hand Aug. 16, 1919.....	3,110.10

# REPORT OF COMMITTEE ON NECROLOGY

*House of Delegates, Indiana State Medical Association.*

Gentlemen: From Aug. 1, 1918, to July 31, 1919, 137 physicians of Indiana have passed away by death. Their names and date of death have been properly recorded in THE JOURNAL of the Indiana State Medical Association.

G. W. H. KEMPER, Chairman.



## REPORT OF COMMITTEE ON PUBLIC POLICY AND LEGISLATION

*House of Delegates, Indiana State Medical Association.*

Gentlemen: The Committee on Public Policy and Legislation begs to submit the following report for 1918-19:

Your committee was occupied during the first part of the year in defending our present medical laws at the session of the legislature. Previous to this time the committee had pointed out to the legislators the fairness of our present educational standards and the injustice of permitting one group of practitioners to treat the sick under a lower or different standard than that required for any other. The legislature recognized the justice of our position by killing all bills which sought to lower our standard of requirements.

One bill was introduced which would have proved of great benefit to the medical profession of the state, although there developed some opposition to it from sources which perhaps did not understand its purpose. This measure, House Bill 303, would have required an annual registration of every doctor in the state, accompanied by a fee of \$2. It would have increased the fee of the prosecutor, upon obtaining a conviction, from \$5 to \$25 and also raised the penalty upon conviction to not less than \$100 nor more than \$500. The bill was indorsed by your committee and also by all of the different schools of medicine. It was passed by the House, 62 to 18, but was caught in the last minute rush in the Senate. That body was confronted with two appropriation bills, the tax bill and the state highway commission bill in the closing week, so that other measures had little opportunity for serious consideration. The bill was reported out of the Committee on Rights and Privileges but it got no further.

The chiropractors again introduced their obnoxious bill to obtain a special state board to license their members. This bill, it will be remembered, was introduced in the 1917 session as House Bill 154. At that session it was killed by amendments, on second reading, after a vigorous fight. At the last session the chiropractors chose the Senate where the same old bill was introduced as Senate Bill 297. It never was able to get out of committee where it died peacefully.

Although House Bill 303 did not apply to the chiropractors, or any other cult which makes no claim of attempting to practice medicine, the chiropractors waged a determined fight against it. They flooded members of the House with letters, telegrams and illustrated leaflets declaring that the measure sought to drive them from the state. Perhaps no one bill resulted in such a flood of literature as this one. The members of the House, however, realized that the position taken by opponents of the bill did not coincide with their statements that they did not practice medicine and only eighteen voted against the bill. Your committee never has fought the chiropractors but has insisted that persons belonging to this cult should meet the same standards that are required for others who would practice the healing art.

Your committee wishes to remind you that early next year various candidates will be announcing themselves for the primary and that the usual vigilance will be necessary in defending our medical laws.

The various county medical societies should name legislative committees who will be prepared to do personal work among the candidates at the proper time.

Respectfully submitted,  
W. N. WISHARD, Chairman.

---

ANENT the high cost of living, a good story comes from one of our country doctors who recently charged one of his farmer patrons \$25 for an obstetrical case, whereas on several previous occasions the obstetric fee had been but \$15. The farmer had paid the doctor a portion of his bill with butter at 60 cents a pound, eggs at 50 cents a dozen and other farm products at equally exorbitant prices. However, upon receiving a \$25 bill for the obstetrical service, the farmer refused to pay the bill on the ground that he never before had paid over \$15, and there was no reason why he should pay any more now; whereupon the doctor said that a \$15 fee would be perfectly satisfactory with him providing the farmer would accept 20 cents a pound for his butter, 15 cents a dozen for his eggs, and similar reduced prices to correspond with prices for such commodities a few years before when the \$15 obstetrical fee was in force. The farmer saw the point and agreed that the doctor's bill was quite satisfactory.

---

AGAIN we desire to call attention to the fact that THE JOURNAL is sent to all those who are entitled to receive it providing a correct mailing address is furnished. To insure prompt attention it is necessary to send notices concerning change of address direct to THE JOURNAL office, 406 West Berry Street, Fort Wayne, Ind. In this connection it should be remembered that the mail service is deplorably bad, as it has been for the last year or two, and not only do letters go astray, but every month many copies of THE JOURNAL, properly addressed and mailed, go astray and are not delivered. Furthermore, during the period of the war many of the subscribers to THE JOURNAL were in service, and repeated attempts to deliver THE JOURNAL to them were unsuccessful. Not infrequently the journals were returned marked "Unclaimed," and the postoffice department advised that we should cease to send them longer to the addresses given. Therefore, to all those who now are failing to receive their journals we ask that a notice be sent direct to THE JOURNAL, giving full information and containing the complete mailing address, including street number or number of R. F. D.

# **THE JOURNAL**

## **OF THE**

### **INDIANA STATE MEDICAL ASSOCIATION**

Devoted to the Interests of the Medical Profession of Indiana

Office of Publication, 406 West Berry St., Ft. Wayne, Ind.

SEPTEMBER 15, 1919

## **EDITORIALS**

### **OUR PRESIDENT**

William Henle Stemm, President of the Indiana State Medical Association, was born in Hancock, Md., in 1861. He moved with his parents to Ohio in 1863, attended the public schools and graduated from the high school at Fredericktown, Ohio, afterward entering a private school for one year. In 1881 his father and himself formed a partnership in the milling and grain-shipping business at Vernon, Ind. Disposing of this, the partnership was continued at Johnstown, Ohio. In 1884 this partnership was dissolved, the son retiring to fulfil a long-cherished desire to enter the medical profession. He entered the Medical College of Ohio in 1885 and graduated in 1887, being a classmate of the late Theodore Potter of Indianapolis. Later he did postgraduate work in Chicago, Philadelphia and New York. He was married in June, 1885, to Miss Mary New of Vernon, Ind. To this union were born two children—Mrs. V. C. Lochard, Indianapolis, and John D. Stemm, late lieutenant of engineers, France, now engineer of construction with the State Highway Commission.

Dr. Stemm's entire professional life has been spent in Jennings County. One year before graduating from the Medical College of Ohio, he became a member of the Jennings County Medical Society and the Indiana State Medical Association, and he has been a member of the American Medical Association for fifteen years. In 1904 he was elected councilor of the Fourth Councilor District, serving continuously until elected to the Presidency of the State Association. In 1907 he was elected first vice president of the State Association, and he presided over the Medical Section of the State Association at French Lick in 1908. He is surgeon for the Pennsylvania, New York Central and Baltimore & Ohio railroads; served as United States pension examining surgeon under Presidents Cleveland and Wilson; was chief examining surgeon

for the local conscription board; was an active member of the State Committee, Medical Section, of the National Council of Defense; is Federal Food administrator for Jennings County; is president of the Jennings County Society for the Study and Prevention of Tuberculosis; served one term as mayor of the city of North Vernon, afterward declining the nomination as a candidate for the state senate; was Democratic county chairman for twelve years, and is a director of the North Vernon Chamber of Commerce.

While leading a very busy life, Dr. Stemm's chief vocation is the practice of medicine and surgery, and his practice is very large, extending over several counties. He has been one of the most active workers in the Indiana State Medical Association, and at all times one of the most loyal, with not only a high regard for the ethics of the profession and the Association, but an upholder of all that has brought the Association up to its present standard. The Association has done credit to itself in honoring him.

### **NEW ASPECTS OF HYPER- THYROIDISM \***

Recent investigations and discoveries have added considerably to our knowledge of this disease. It long had been known that over-activity of the thyroid gland produces a substance which is distinctly toxic to the human organisms, whereas, on the other hand, under- or hypo-activity of this gland produces certain definite changes in the growth and development of the body. But the nature of the substance exerting such a profound influence on the body was not determined until quite recently. Kendall, of the Mayo Clinic, after a great deal of effort which must be regarded as one of the most brilliant pieces of research ever conducted, finally succeeded in isolating this active substance in pure chemical form. The scientific name of this new compound is thyro-oxy-indol, but it is popularly known as "thyroxin." Already Plummer, of the same clinic, has studied its physiologic properties quite extensively, and by means of these studies has given us information of great value and importance.

Perhaps the most important point is that thyroxin—while produced within the thyroid gland—is distributed by the blood to all the cells of the body, and is held by them for quite some time, apparently for a period of two to three weeks. The quantity of thyroxin in each



cell regulates its metabolic rate, i. e., it determines the rate at which the cell carries on its basal metabolic activity. Since the body is merely a collection of cells, it is evident that the amount of thyroxin present in the body regulates the metabolic rate of the latter. In hyperthyroidism, obviously, an excess of thyroxin is produced. This increases the metabolic rate of the body, and the symptoms observed clinically are some of the manifestations of this increased metabolism. On the other hand, in hypothyroidism there is a deficit of thyroxin in the body, causing a decreased metabolism, with its characteristic clinical syndrome.

These new studies have brought into clinical medicine two new methods of very great value in the diagnosis and study of hyper- and hypothyroidism. The most important and most valuable of these is the so-called basal metabolism test. Since increased metabolism is the underlying phenomenon in hyperthyroidism, measurement of this increase ought to give reliable information as to the intensity or severity of the disease. The experience already accumulated along this line indicates that this is quite true. There seems to be a very close parallelism between the increase of the metabolic rate and the severity of the thyrotoxicosis, so far as can be judged from all the subjective and objective findings. Moreover, it is held that the basal metabolism test furnishes the most—and perhaps the only—reliable data in regard to the true state of thyroid activity at any time. It seems to bear no relation to the subjective state of the individual at all, but to depend rather on the amount of thyroxin in the body at the time the test is made.

The other test of value in the study of thyroid disease is the so-called alimentary hyperglycemia test. It has been found that those who are suffering from hyperactivity of the thyroid invariably show a lowered tolerance of carbohydrates, whereas, on the contrary, those suffering from hypo-activity of this gland show an increased tolerance of carbohydrates. Normal individuals after the ingestion of 100 gm. glucose as a rule show no hyperglycemia; those in the former group invariably yield blood sugar findings above normal, and those in the latter group can take larger quantities without an excess of sugar above normal appearing in the blood.

In this section of the country hyperthyroidism is relatively frequent. It is no doubt much more common than most of us really

anticipated. What we have needed were improved practical methods that could be applied in the recognition and study of this condition. Evidently, these are now available. These new methods are practical, and not too technical or difficult or time-consuming. When properly carried out they yield the most valuable of all objective data to be obtained in such cases. Without such information an intelligent and sincere study of this clinical condition cannot be made.

---

### “FEELING THE PULSE”

Feeling the pulse, as practiced in a routine examination, too often means no more than a study of the rate and rhythm. The latter, unless markedly irregular, often passes unnoticed, as does the variation in the size, force and duration of the wave—each of which easily is discernible by well-trained fingers. If the examination proceeds in a proper method in the feeling of the pulse, one must use all the finger tips of the examining hand, flexing the fingers at the last joint so that the tips meet the artery at a right angle. One always should roll the artery back and forth, as well as sliding the finger tips along the artery lengthwise.

The present almost universal use of the blood pressure instrument is responsible for perfecting our knowledge of the diagnostic and prognostic significance of the various types of pulse, the taking of the blood pressure by the auscultatory method is in a great measure responsible for the neglect in our tactile study of the pulse and condition of the artery. While instrumental study of the blood pressure gives most accurate and valuable information, one should not forget that blood pressure often when associated with organic disease of the cardiovascular system, and especially of the kidney, may be very variable, and sometimes in a remarkably short interval, due to no recognizable cause. In such cases the blood pressure reading may be less constant and reliable than information obtained by using the fingers.

Blood pressure as a rule correctly reflects the degree of impaired function of the cardiovascular system, though occasionally the arterial tension, quite independent of the blood pressure, may be so increased as to seriously interfere with the process of nutrition and elimination, and to produce symptoms — many of which may resemble those resulting from degenerative changes in the arterial wall consequent to high blood pressure. Patients present-

ing arterial hypertension, quite independent of blood pressure, are apt to be chronically ailing, often presenting a very wide and varying symptomatology, and owing to the predominance of the nervous symptoms are too often catalogued as hopeless "neurasthenics," and end their medical pilgrimage among physicians by having an "exploratory laparotomy."

The point to be emphasized is that *patients with normal or low blood pressure may have high arterial tension, which can best be recognized by proper methods of palpation.* Such arteries are always smooth, round and straight, more movable in their bed than normal, may be relatively small in size, though most often large, but in either condition the radial can be felt high among the muscles of the forearm; and to light touch feels tense, as if fibrosed, but collapses when emptied by pressure on the proximal arterial trunk. Such abnormalities in the vascular tone are most frequently found in persons of the enteroptotic type in build, often with an unstable psychae or highly neurotic with a very fickle vasomotor tone. Such a condition should not be confused with senile degeneration in the artery, which may appear in the comparatively young; or the large fibrosed or leathery artery, seen in men doing heavy physical labor; or the thickened and easily palpable artery, due to syphilitic endarteritis. The arteries in the last two conditions may be smooth, round and straight, but do not collapse when empty, though each may be associated with low blood pressure.

Simple arterial hypertension, whether due to chemical or bacterial toxins or prolonged overstimulation through the nervous system, represents a presclerotic state which if long continued may produce permanent degenerative changes in the wall of the artery.

In cases with low blood pressure and increased arterial tension, the early symptoms should be regarded as those due to irritation only, and not organic changes in the vessel wall. Such a condition can and should be recognized as well as correctly differentiated by carefully and properly "feeling of the pulse."

A. C. KIMBERLIN.

### INCREASING MEDICAL FEES

We note with some interest that members of a number of county medical societies in Indiana have adopted new fee bills which seem to be in keeping with the general tendency of the

times which call for increased returns from all kinds of service in order to meet the rapidly increasing cost of living. It is strange indeed that there has not been a general tendency on the part of medical men to raise their fees during the last two or three years, and yet it is a fact that many doctors are trying to eke out a living on fees that are totally disproportionate to the cost of everything which goes into the life of the doctor. In the cities and larger towns the doctors have been forced to double and even treble their usual charges for professional services, but in the smaller towns and in the country there are many doctors who seem to think that they cannot change their established prices for professional work, notwithstanding the fact that the people in the rural communities probably are faring better in the way of advanced prices than any other class of people. The farmer who is getting from three to six and eight times as much for everything that he sells as he obtained for the same products three or four years ago has no cause to complain because his doctor charges double what was charged in pre-war days. The city doctor has been hit hard because his expenses have considerably more than doubled, and he has realized the futility of attempting to keep his head above water on pre-war fees. There should, however, be some uniformity of action on the part of medical men as a class in acting on this question of increased fees. Doubling the fees certainly is justified in order to meet the demands of a greatly increased cost of living, and no one can complain when remuneration from every form of endeavor has so greatly increased during the past two or three years, and especially the past few months.

### RAISING THE STANDARD OF INDIANA HOSPITALS

At the present time a committee representing the American College of Surgeons is making a survey of the hospitals in Indiana with the idea of encouraging standardization and the improvement of hospital management where necessary. From a reliable source we learn that the committee is somewhat disappointed in discovering that with few exceptions the Indiana hospitals, both public and private, are not what they ought to be in the way of economical and efficient management, and they come far from being worthy of approval in the way of ethical conduct and



good service to the medical profession and to the public. Some of the hospitals are woefully behind the times as a direct result of the lack of well-trained nurses and an increasing supply of nurses made possible through a well-conducted training school for nurses; others are falling short through careless and inefficient work, perhaps encouraged by careless and inefficient work on the part of attending physicians; while still others are so steeped with commercialism, probably as a direct result of the example and influence of commercial doctors who patronize these hospitals, that they are fast losing ground with reputable doctors and eventually will lose ground with the public as well. However, it is hoped that the work of the committee of the American College of Surgeons will bear fruit, and that a majority if not all of the hospitals in Indiana will join in an effort to standardize hospitals so that the best and the most efficient service will be given to the medical profession as well as to the public. There is no excuse for inadequate equipment, poor nursing, poor operating room service, incomplete records of work done, or commercialism which ruins the function of any hospital. Any hospital which desires to be on the approved list should have all of the necessary facilities to properly care for the wants of the attending physicians and the patients. It should have trained nurses, and a training school for nurses which is recognized as giving adequate training. It should have a medical and surgical staff, composed of reputable physicians and surgeons, or at least an advisory committee composed of reputable physicians and surgeons. It should refuse to entertain physicians who are notoriously incompetent, and its operating rooms should be barred to those of inexperience and no training. It should place its stamp of disapproval on commercialism and questionable practices of every sort. Such a hospital will merit and will have the respect of the medical profession as a whole and the public as well. The time is coming when there will be some sort of legal regulation of hospitals, and there is no reason why the hospitals themselves should not take the initiative in improving their standards. The American College of Surgeons has started out with the idea of inviting all hospitals to join in a movement to have more hospitals with better facilities, better service and higher ideals. Suggestions based on careful and extended study of the question are freely offered, and it is hoped that much good will come from

the work that is now going on. All of the hospitals of Indiana should join in this progressive movement, which is carried on, not alone in Indiana, but in every state of the Union. Indiana is no better and no worse than many other states, but there is room for improvement.

---

### SIR WILLIAM OSLER

Sir William Osler celebrated his seventieth birthday anniversary in July, and it has been well said that his genius has been the one great inspiration to thousands who seek the practical application of all branches of medical science. To him, perhaps, more than any other man in modern medicine, we owe our present knowledge of clinical teaching, and his works on medicine stand out as gems of our literature. The world owes Sir William Osler a great debt, and all the honor and glory that comes to him in his declining years will be but the reflection of the esteem and admiration in which he is held by thousands of students and admirers.

---

### EDITORIAL NOTES

#### DEAR DOCTOR:

THE JOURNAL and the Cooperative Medical Advertising Bureau of Chicago maintain a Service Department to answer inquiries from you about pharmaceuticals, surgical instruments and other manufactured products, such as soaps, clothing, automobiles, etc., which you may need in your home, office, sanitarium or hospital.

We invite and urge you to use this Service.

It is absolutely FREE to you.

The Cooperative Bureau is equipped with catalogues and price lists of manufacturers, and can supply you information by return mail.

Perhaps you want a certain kind of instrument which is not advertised in THE JOURNAL, and do not know where to secure it; or do not know where to obtain some automobile supplies you need. This Service Bureau will give you the information.

Whenever possible, the goods will be advertised in our pages; but if they are not, we urge you to ask THE JOURNAL about them, or write direct to the Cooperative Medical Advertising Bureau, 535 N. Dearborn St., Chicago, Illinois.

We want THE JOURNAL to serve YOU.

---

THE TIME.—September 24, 25 and 26.

THE PLACE.—Indianapolis.

THE ATTRACTION.—The annual session of the Indiana State Medical Association.

---

MEMBERS are reminded that the war is over and that the time is ripe for medical men to get back to the pre-war routine of medical society work, for the medical society is a post-graduate school which offers opportunities for advancement that should be taken advantage of by every physician possessing progressive tendencies. The coming session of the Indiana State

Medical Association offers an opportunity for the discussion of papers on "live" subjects, and aside from this the opportunity is offered for a general "get-together" meeting for the renewal of old and the making of new friendships. The smoker on Wednesday evening promises to be an unusually interesting entertainment, and accordingly members are urged to be on hand early in order to attend that affair.

A RECENT test of an ordinance for the control of venereal diseases similar to the one enacted by fifty-one Indiana cities, which requires physicians to report all venereal diseases for quarantine, withstood all attacks in the Nebraska Supreme Court. The Nebraska case was based upon the right of the health officer to detain a woman known to be infected with venereal disease. The Supreme Court, in dismissing a habeas corpus proceeding, asserted that the health officer was justified in holding the woman so long as there existed any danger of the communication of her infection to others. The Indiana ordinance has been sustained in Indianapolis and Terre Haute City courts, but has not been appealed to the higher courts of the state. Therefore, the decision given in the test trial of the Nebraska statute, which is practically identical with that adopted by Indiana municipalities, lends backing to the Indiana ordinance.

PROPOSALS as listed below have been accepted for the furnishing of smallpox vaccine in tubes to the United States Public Health Service during the fiscal year ending June 30, 1920, at the rate of 5 cents per tube, in packages of five, without exchange privilege: Eli Lilly & Company, Indianapolis; E. R. Squibb & Sons, New York; National Vaccine and Antitoxine Institute, Washington; H. K. Mulford Company, Philadelphia; Parke, Davis & Company, Detroit; The Gilliliand Laboratories, Inc., Ambler, Pa.; The Cutter Laboratories, Berkeley, Calif., and Lederle Antitoxine Laboratories, New York. Requisitions upon the Bureau for smallpox vaccine will be immediately honored, but officers are particularly requested to place orders direct with the most convenient distributing agency of any of the above contractors. The Indianapolis offices of Eli Lilly & Company and Parke, Davis & Company are most convenient for the State of Indiana.

## DEATHS

WILLIAM M. PIERSON, M.D., died August 16 at his home in Morristown, age 69 years. He was a graduate of Indiana Medical College, Indianapolis, class 1874.

FRED HELLER, M.D., of Brownstown died very suddenly on August 11 from cardiac failure, age 63 years. Dr. Heller graduated in medicine from the Kentucky School of Medicine, Louisville, and had practiced in Brownstown for twenty years. He was a member of the Jackson County Medical Society and the Indiana State Medical Association.

ULYSSESS GRANT GALLOWAY, M.D., died August 12 at his home in South Bend. Dr. Galloway was born in 1866, graduated in medicine from the Kentucky School of Medicine, Louisville, in 1893, and had practiced medicine at South Bend for fifteen years. He was a member of the St. Joseph County Medical Society and the Indiana State Medical Association.

ZELOETUS C. WOLFE, M.D., of Corydon, died July 26, at St. Anthony's Hospital, Louisville, Ky., following a surgical operation for gallstones. Dr. Wolfe was born in 1855, graduated from the Kentucky School of Medicine in 1881, and had practiced medicine at Corydon twenty-two years. He was a member of the Harrison County Medical Society and the Indiana State Medical Association.

CHARLES E. HANSEL, M.D., of South Bend died very suddenly at the Country Club Golf Links, August 3. Dr. Hansel was born in California in 1874, graduated from the Illinois College of Medicine in 1897, and had practiced at South Bend for fifteen years. He was a member of the South Bend Clinic, and at the time of his death was president of the City Board of Health. Dr. Hansel was a member of the St. Joseph County Medical Society, Indiana State Medical Association and the American Medical Association.



## NEWS NOTES AND PERSONALS

Anything in the line of physicians' supplies or equipment may be obtained from advertisers in *The Journal of the Indiana State Medical Association*. Patronize these advertisers for it means a continuance of their advertising patronage, and the latter means a larger and better Journal for you.

DR. AND MRS. R. O. McALEXANDER of Indianapolis have returned from an extended lake trip.

DR. HARRY J. THOMPSON has resumed practice at Laporte following a year's military service.

DR. AND MRS. FRANK B. WYNN of Indianapolis spent the month of August in National Glacier Park.

DR. CHARLES A. PFAFFLIN of Indianapolis spent part of the month of August at the Mayo Clinic, Rochester.

THE Grant County Medical Society announces an increase of 25 per cent. in rates for professional services.

DR. WILLIAM M. BIGGER has returned to Hammond and resumed practice, following ten months' military service.

DR. MILTON T. McCARTY of Frankfort, underwent an operation at the Methodis Hospital at Indianapolis, August 8.

DR. L. N. GIESINGER of Auburn has been re-appointed surgeon of the Michigan division of the P. C. C. & St. L. Railroad.

DR. E. L. DEWEY has resumed general practice at Whiting, after two years' service overseas with the United States Army.

DR. DON L. MILLER has resumed practice at Indianapolis following sixteen months overseas service with the rank of captain.

DR. W. N. WISHARD of Indianapolis has returned from a two months' outing in Estes Park, Colorado, and the Rocky Mountains.

DR. C. P. BERNS of Linton spent the month of July in Chicago taking a postgraduate course at the Illinois Post-Graduate Medical College.

DR. S. P. HOFFMAN of Decatur has accepted a position as associate medical director with the Lincoln Life Insurance Company in Fort Wayne.

DR. WEIR MILEY of Anderson arrived home August 6, following sixteen months' service with the Sanitary Train of the Third Division in France.

PUTNAM COUNTY is to hold an election on September 30 to decide whether or not the County is to have a new hospital, the cost to be \$75,000.

DR. AND MRS. A. S. AYRES of Indianapolis spent the month of August motoring through the East and Canada, remaining some time at Lake George, Vt.

DR. H. H. MARTIN of Laporte recently returned from overseas service and now located at Fort Thomas, Ky., has been promoted to the rank of major.

DR. JAMES A. WORK of Elkart is to have associated with him in his practice Dr. David D. Todd of Calumet, Mich., a graduate of the Rush Medical College.

DR. H. J. HIESTAND and family of Pennville, and Dr. E. C. Garber of Dunkirk spent the month of July in Wisconsin, Montana and Yellowstone National Park.

DR. JAMES MOORHEAD, formerly of Terre Haute, but recently of Chicago, is to succeed the late Dr. Leon J. Willien as chief of the staff of St. Anthony's Hospital, Terre Haute.

DR. FRED METTS and Dr. J. L. Redding, both of Bluffton and recently returned from overseas service, have formed a partnership for the practice of medicine and surgery at Bluffton.

DIRECTORS of the Goshen Hospital announce an advance of 20 per cent. in the fees charged at the hospital, such increase said to be necessitated by the deficit faced by the hospital last year.

DR. CLARENCE PROVINCE of Franklin, Dr. W. P. Garshwieler of Indianapolis and a number of other medical men of Indianapolis spent the latter part of August in Canada on a fishing trip.

THE Knapp Sanitarium at Vincennes, for a number of years under the direction of Dr. A. P. Knapp, has been purchased by Dr. J. R. Brian of St. Francisville, Ill. Dr. Knapp has resumed private practice.

DR. CLAUDE A. ROBISON has opened an office for the practice of medicine and surgery in the Dinwiddie Block at Frankfort. His uncle, Dr. John Robison of Geetingsville, will be associated with him in practice.

DR. THOMAS L. SULLIVAN, formerly superintendent of the City Hospital of Indianapolis, who has been in the Medical Corps of the Army for the last fourteen months, has returned to Indianapolis and resumed practice.

TWENTY-FIVE inspectors of the Indianapolis Health Department have been granted \$25 increase in salary by the Board of Public Health. The inspectors previously received \$75 and \$85. The increase in salary will be met by appropriations.

DR. FRANK E. WOLFE of New Albany has been appointed head medical examiner of the Modern Woodmen of America for the State of Indiana to succeed his father, Dr. Z. C. Wolfe (recently deceased), who had held the position since 1901.

DR. J. SATER NIXON of Kokomo announces the installation of complete pathological, bacteriological and serological laboratories in connection with roentgen ray and other equipment for surgery and diagnosis at 113½ to 115½ West Mulberry Street.

RICHMOND has been having an epidemic of diphtheria, between fifty and 100 cases having been reported. The source of the disease was traced to the eating of ice cream secured from a plant where two employees had been suffering from tonsillitis or diphtheria.

TEN nurses of Dr. W. B. Fletcher's Sanitarium, Indianapolis, received their diplomas at the graduating exercises held August 18. Dr. Jane Ketchum addressed the class, and Dr. Urbana Spink presented the diplomas and administered the Florence Nightingale pledge.

DR. DANIEL W. LAYMAN of Indianapolis, while spending his vacation on the New Jersey coast with his family during July and early August, attended clinics in New York City; and on his way home stopped in Philadelphia for some special work with Dr. Chevalier Jackson.

DR. LOUIS H. SEGAR of Indianapolis, who has served as lieutenant in the United States Navy for the last twenty months, has been released from active service, and, after taking special

training at the Infants' and Children's Hospital in Boston, will resume private practice in Indianapolis.

DR. L. A. ENSMINGER of Indianapolis has returned after two years' military service in France with the rank of major. Dr. Ensminger sailed for France with the 4th Division of the American troops on Dec. 12, 1917, and was assigned to base hospital duty in the vicinity of Paris throughout the active period of the war.

AMOS W. BUTLER, secretary of the Board of State Charities, is preparing a pamphlet containing information concerning the plans, specifications and regulations of County Hospitals. Under provision of the Indiana law, the plans of such institutions are submitted to the Board for approval. The pamphlet will be distributed among persons interested, when completed.

THE State Board of Registration and Examination of Nurses has prepared a pamphlet containing a codification of the rules for accrediting training schools for nurses, regulations pertaining to the examination of nurses and appropriate courses of study for nurses' training schools. Many of the regulations are new and were adopted at a recent meeting of this board.

THE Tenth District Medical Association met in regular session at Gary on August 14. One of the most interesting features of the session was the clinic on skin diseases, conducted by Dr. William Allen Pusey of Chicago. Dinner was served at 6 o'clock at the Gary Y. M. C. A., Dr. E. E. Evans presiding as toastmaster. The next meeting of the Tenth District Association will be held at Laporte in November.

LIEUT.-COL. N. A. CARY, M. C., of Crawfordsville, was discharged from army service at Camp Zachary Taylor, Kentucky, on August 13, after over three years' service. While with the A. E. F., Lieut.-Col. Cary was assigned to the surgical service of Base Hospitals 50 and 54, and the camp hospital at Vendome. Before resuming practice he will do one year post-graduate work in surgical pathology and bacteriology at Johns Hopkins University Hospital at Baltimore.

THE Blackmore Nurses' Register of Indianapolis announces the following schedule of fees for the nurses of the Blackmore Nurses' Association, taking effect Aug. 15, 1919: Graduate nurses on obstetrical, contagious and mental



cases, \$6 per day, or \$40 per week (one patient). Each additional patient, \$1.50 per day or \$10 per week. Graduate nurses on cases other than above, \$5 per day, or \$35 per week (one patient). Each additional patient, \$1 per day, or \$7 per week. Practical and undergraduate nurses from \$18 per week up.

THE new medical building of the Indiana University School of Medicine, erected on the grounds of the Robert W. Long Hospital of Indianapolis, will be completed and ready for occupancy at the opening of the school year, September 16. The building contains three class rooms with the capacity of 100 students each, three main laboratories, a large number of research laboratories, and commodious space for library containing all modern medical periodicals and reference books. All necessary features for the teaching of medicine have been embodied in this new building, the total cost of which amounts to about \$250,000.

At the July meeting of the Park Vermilion Medical Society the following fee bill providing for increasing rates was adopted, to take effect at once: Day call (mileage extra), \$2; night call (between 9 p. m. and 7 a. m.), \$3. Additional patients, \$1; mileage (for every mile or fraction), 75 cents; office calls at least \$1; telephone advice, at least 50 cents; vaccines and bacterin (price of vaccine extra), \$1; consultation (mileage extra), at least \$10; obstetrics (additional visits, mileage and complications extra), \$20; anesthetics, \$10; chemical analysis, \$1; health certificates, \$1; circumcision (without anesthetic), \$15; circumcision (with anesthetic), \$25; collecting specimens for microscopic analysis, \$1.

THE United States Public Health Service has issued a program intended especially to meet after-the-war needs and outlining health activities which are practicable and will yield the maximum result in protecting national health and diminish the annual toll of thousands of lives taken by preventable diseases and insanitary conditions. The program covers industrial hygiene, rural hygiene, prevention of the diseases of infancy and childhood, water supplies, milk supplies, sewage disposal, malaria, venereal diseases, tuberculosis, railway sanitation, municipal sanitation, health education, collecting of morbidity reports, and the organization and training for duty in emergency of the reserve of the Public Health Service.

DURING August the following articles have been accepted by the Council on Pharmacy and Chemistry for inclusion with New and Non-official Remedies:

Calco Chemical Co.: Cinchophen-Calco.

Geck Laboratory: Culture-Lac.

Eli Lilly and Co.: Tetanus Antitoxin-Lilly.

Fred I. Lackenbach: B. Coli Bacterin (Spec. Bact. Vac. No. 12); Gonococcus Bacterin (Spec. Bact. Vac. No. 9); Staph-Acne Bacterin (Spec. Bact. Vac. No. 6); Whooping Cough Bacterin (Spec. Bact. Vac. No. 14); Staphylococcus Bacterin (Spec. Bact. Vac. No. 1); Streptococcus Bacterin (Spec. Bact. Vac. No. 10); Typhoid Bacterin (Spec. Bact. Vac. No. 17); Typhoid-Paratyphoid Bacterin (Spec. Bact. Vac. No. 13).

THE next annual meeting of the American Public Health Association is to be held at New Orleans, October 27 to 30, inclusive. The central theme of discussion will be southern health problems, including malaria, typhoid fever, hookworm, soil pollution, etc. In view of the belief that influenza will return next winter, a full session will be devoted to this subject for the purpose of discussing methods of control. A special effort has been made to arrange the program to meet the practical needs of health officials. Accordingly, there will be discussions on such questions as the attitude of legislators toward public health, the obtaining of appropriate cooperation from the women's clubs, health organizations, etc. The program of the society will, as usual, deal with public health administration, vital statistics, sanitary regulations, industrial hygiene and personal hygiene. Winter rates to New Orleans will be in effect October 1. Further information regarding the meeting may be secured from the secretary, 169 Massachusetts Avenue, Boston, Mass.

THE dedication on August 10 of the Irene Byron Tuberculosis Hospital, Allen County's new institution, located near Fort Wayne, was attended with elaborate ceremony. Speakers on the program were Governor J. P. Goodrich, Prof. Victor Vaughan of Ann Arbor, Dr. William King, Dr. J. N. Hurty. This hospital, the successor to Fort Recovery Camp, is a monument not only to the Allen County Anti-Tuberculosis League, but also to the memory of Miss Irene Byron, formerly executive secretary and visiting nurse of the society, who gave her life in the service of her country, in the winter of 1918. The new hospital has accommodations

for seventy patients, and was erected at the cost of \$100,000, with a maintenance fund of \$43,000. Dr. J. A. Price is superintendent of the hospital, and the board of managers consists of Martin H. Luecke, president; Dr. Eric A. Crull, Charles M. Neizer, Dr. A. L. Schneider and Miss Gertrude Barber, R.N., secretary. The opening of this new hospital marks a great step in the progress of Allen County in public health work.

THE annual meeting of the Thirteenth District Medical Society was held at Culver Military Academy, Culver, Ind., Thursday, August 21. The morning was spent in recreation, including tennis, baseball, bathing, etc., and at noon picnic lunch was served by the ladies of the Medical Fraternity of Culver. The scientific meeting was called to order at 1:30 p. m., with the following program: Symposium on Pernicious Anemia: (a) Etiology and Pathology, M. W. Lyon, South Bend; (b) Symptoms and Diagnosis, Hugh Miller, South Bend; (c) Treatment, H. L. Cooper, South Bend. Discussion was opened by G. W. Anglin of Warsaw, E. W. Hoover of Elkhart and George Thompson of Winamac. "Disease of the Hip Joint," by Stanely A. Clark of South Bend; discussion opened by Dr. J. A. Work, Jr., of Elkhart. At 5 o'clock the doctors witnessed garrison parade by the cadets of Culver Summer School. At 5:30 they enjoyed a boat ride around Lake Maxinkuckee, and at 7 o'clock partook of a banquet at "The Jungle." The committee on arrangements consisted of Major C. E. Reed, Culver Military Academy; Dr. C. L. Slonaker and Dr. E. E. Parker.

## SOCIETY PROCEEDINGS

### THIRTEENTH DISTRICT MEDICAL SOCIETY

The Twenty-ninth semi-annual meeting of the Thirteenth District Medical Society was held at the Culver Military Academy, Culver, Indiana, August 21, 1919.

The minutes of the previous meeting were read and approved.

The Treasurer's report was read and referred to the auditing committee who reported it as correct and it was then accepted by the society.

Major C. E. Reed of the Culver Military Academy and chairman of the committee on arrangements, made a speech of welcome to the society which was very much appreciated.

Then followed a symposium on "Pernicious Anemia," the first paper of the afternoon being read by Dr. M. W. Lyon on "Etiology and Pathology." This

was followed by Dr. Hugh Miller on "Symptoms and Diagnosis," and by Dr. H. L. Cooper on "Treatment."

This symposium was discussed by Drs. G. W. Anglin, George Thompson, James Work, Jr., J. B. Berteling, D. A. Osterman and by Dr. Stemm, president of the Indiana State Medical Association.

The nominating committee consisting of Drs. Berteling, Parker and Willard Price, submitted the following names for the officers of the society for 1920:

President, Dr. C. Norman Howard, Warsaw.

Vice-president, Dr. C. E. Reed, Culver Military Academy.

Secretary-Treasurer, Dr. James A. Work, Jr., Elkhart.

These officers were then elected by the society.

The same committee in conjunction with Drs. Haywood, Frink and Spohn also submitted the following resolutions which were adopted by the society.

"The medical profession honors those of its fellowship who offered themselves that liberty might not perish; it venerates the names of those who fell in battle; but there is a peculiar tribute it would pay to those who *would* have fought but *could* not—who, in civil life, ignored the insuperable handicap of disease and gave themselves to the uttermost in the service of humanity; therefore,

*"Be it resolved*, by the Thirteenth District Medical Society, that to the memory of Drs. Paul B. Work, Elkhart; Charles E. Hansel, South Bend, and J. O. Walter, Bristol, who, fired by a zeal no less patriotic than that of their soldier brothers, died in the service of their fellow men, we render this tribute of respect, admiration and honor.

*"Be it resolved*, that the secretary send a copy of these resolutions to the relatives of the deceased and to the daily papers of their respective places of residence."

The nomination committee also submitted the following resolutions which were adopted:

*"Be it resolved*, that we, the members of the Thirteenth District Medical Society, extend to Major Reed of the Culver Military Academy, the medical profession of Culver and especially to the resident ladies, our profound appreciation of their hospitality, and that while we seek no future invitation we wish to assure them that should such an invitation honor us again we shall aim to have even a larger attendance than the present one."

The next place of meeting was left to the selection of the officers.

Dr. Stanley A. Clark of South Bend read a paper on "Diseases of the Hip Joint," which was discussed by Drs. Work, Jr., Col. Miller of the Surgeon General's office of the United States Army, Berteling and Trevor.

The society adjourned to join their families and with them witness the dress parade of the cadets of the academy and to enjoy a boat ride on Lake Maxinkuckee, after which a banquet was enjoyed at the "Jungle," there being ninety at the banquet.

The day was very much enjoyed throughout by the members and their families, due very largely to the committee on arrangements, consisting of Major C. E. Reed, C. L. Slonaker and E. E. Parker, all of Culver.



## THE TRUTH ABOUT MEDICINES

### NEW AND NONOFFICIAL REMEDIES

Since publication of New and Nonofficial Remedies, 1919, and in addition to those previously reported, the following articles have been accepted by the Council on Pharmacy and Chemistry of the American Medical Association for inclusion with "New and Nonofficial Remedies":

**BARBITAL SODIUM-ABBOTT.**—A brand of barbitol sodium which complies with the New and Nonofficial Remedies standards. Barbitol sodium is the soluble sodium salt of barbitol (veronal). Barbitol sodium was first introduced as veronal sodium and medinal. For a discussion of the actions, uses and dosage of barbitol sodium see New and Nonofficial Remedies, 1919, p. 83. The Abbott Laboratories, Chicago.

**OVARIAN SUBSTANCE-HOLLISTER-WILSON.**—The entire fresh ovary (including the corpora lutea) of the hog, cleaned, freed from fat, dried and powdered. It contains no diluent or preservative. For a discussion of the actions and uses of ovary preparations, see New and Nonofficial Remedies, 1919, p. 202. The dose is from 0.06 to 0.2 Gm. (1 to 3 grains). The Hollister-Wilson Laboratories, Chicago.

**DESICCATED CORPUS LUTEUM-HOLLISTER-WILSON.**—The fresh substance from the corpora lutea of the hog, dried, freed from fat and powdered. It contains no diluent or preservative. For a discussion of ovary preparations, see New and Nonofficial Remedies, 1919, p. 202. The dose is from 0.03 to 0.12 Gm. ( $\frac{1}{2}$  to 2 grains). Hollister-Wilson Laboratories, Chicago.

**SODIUM DIOXIDE, DENTAL-R. AND H.**—A brand of sodium peroxide complying with the New and Nonofficial Remedies standards, but containing at least 90 per cent. of sodium peroxide, and iron not to exceed 0.006 per cent. For a discussion of the actions and uses of sodium peroxide, see New and Nonofficial Remedies, 1919, p. 216. Roessler and Hasslacher Chemical Co., New York (*Jour. A. M. A.*, Aug. 23 1919, p. 607).

**B. COLI BACTERIN (SPECIAL BACTERIAL VACCINE No. 12).**—A colon bacillus vaccine (see New and Nonofficial Remedies, 1919, p. 283), marketed in 10-Cc. vials, each cubic centimeter containing 5,000 million killed *Bacillus coli*. Fred I. Lackenbach, San Francisco.

**GONOCOCCUS BACTERIN (SPECIAL BACTERIAL VACCINE No. 9).**—A gonococcus vaccine (see New and Nonofficial Remedies, 1919, p. 285), marketed in 10-Cc. vials, each cubic centimeter containing 1,000 million killed *Gonococcus*. Fred I. Lackenbach, San Francisco.

**STAPH-ACNE BACTERIN (SPECIAL BACTERIAL VACCINE No. 6).**—A mixed bacterial vaccine (see New and Nonofficial Remedies, 1919, p. 296), marketed in 10-Cc. vials, each cubic centimeter containing 500 million killed *Staphylococcus albus*, 500 million killed *Staphylococcus aureus*, and 50 million killed *Bacillus acne*. Fred I. Lackenbach, San Francisco.

**WHOOPING COUGH BACTERIN (SPECIAL BACTERIAL VACCINE No. 14).**—A pertussis bacillus vaccine (see New and Nonofficial Remedies, 1919, p. 287), marketed in 10-Cc. vials, each cubic centimeter containing 2,000 million killed *B. Pertussis*. Fred I. Lackenbach, San Francisco.

**STAPHYLOCOCCUS BACTERIN (SPECIAL BACTERIAL VACCINE No. 1).**—A staphylococcus vaccine (see New and Nonofficial Remedies, 1919, p. 289), marketed in 10-Cc. vials, each cubic centimeter containing 2,000 million killed *Staphylococcus albus*, 2,000 million killed *Staphylococcus aureus*, and 1,000 million killed *Staphylococcus citreus*. Fred I. Lackenbach, San Francisco.

**STREPTOCOCCUS BACTERIN (SPECIAL BACTERIAL VACCINE No. 10).**—A streptococcus vaccine (see New and Nonofficial Remedies, 1919, p. 291), marketed in 10-Cc. vials, each cubic centimeter containing 1,000 million killed *Streptococcus*. Fred I. Lackenbach, San Francisco.

**TYPHOID BACTERIN (SPECIAL BACTERIAL VACCINE No. 17).**—A typhoid vaccine (see New and Nonofficial Remedies, 1919, p. 292), marketed in 10-Cc. vials, each cubic centimeter containing 1,000 million killed *B. Typhosus*. Fred I. Lackenbach, San Francisco.

**TYPHOID-PARATYPHOID BACTERIN (SPECIAL BACTERIAL VACCINE No. 13).**—A typhoid vaccine (see New and Nonofficial Remedies, 1919, p. 292), marketed in 10-Cc. vials, each cubic centimeter containing 1,000 million killed *B. Typhosus*, 750 million killed *B. Paratyphosus "A"* and 750 million killed *B. Paratyphosus "B."* Fred I. Lackenbach, San Francisco.

**TETANUS ANTITOXIN-FOR HUMAN USE: PURIFIED, CONCENTRATED (GLOBULIN).**—A concentrated tetanus antitoxin (see New and Nonofficial Remedies, 1919, p. 266), marketed in syringes containing 1,500 and 5,000 units; in ampules containing 10,000 units, with apparatus for injection. Eli Lilly and Co., Indianapolis, Ind. (*Jour. A. M. A.*, Aug. 30, 1919, p. 691).

### PROPAGANDA FOR REFORM

**ARSENOVEN S. S. AND SOLUTION OF ARSENIC AND MERCURY NOT ACCEPTED.**—The Council on Pharmacy and Chemistry reports that Arsenoven S. S., sold by the S. S. Products Co., Philadelphia, and Solution of Arsenic and Mercury (formerly called Arseno-Meth-Hyd) of the New York Intravenous Laboratory, New York, are inadmissible to New and Nonofficial Remedies because unwarranted therapeutic claims are made for them and because the names are not descriptive of the composition of these preparations. Arsenoven S. S. is claimed to contain dimethylarsenin 15.4 grains, mercury biniodid  $\frac{1}{10}$  grain, sodium iodid  $\frac{1}{2}$  grain. Dimethylarsenin is asserted to be similar to sodium cacodylate, but with a more pronounced therapeutic action. Solution of Arsenic and Mercury comes in three dosages, 2 gm., 1.5 gm., and 0.7 gm., respectively. The 2 gm. form is claimed to contain 2 gm. (31 grains) of sodium dimethylarsenate (cacodylate), U. S. P., and mercury iodid 5 mg. ( $\frac{1}{12}$  grain) in 5 c.c. of solution. Both preparations are advised for the treatment of syphilis, intravenously. The report of the Council reminds physicians that cacodylates have been found inefficient as spirocheticides and warns against the abuses—often dangerous—to which patients are frequently subjected when "intravenous therapy" is employed (*Jour. A. M. A.*, Aug. 2, 1919, p. 353).

**HORMOTONE AND HORMOTONE WITHOUT POST-PITUITARY.**—The Council on Pharmacy and Chemistry reports that Hormotone of the G. W. Carnrick Company is advertised as "A pluriglandular tonic for asthenic conditions." The same firm also advertises Hormotone Without Post-Pituitary for use "in neurasthenic conditions associated with high blood pressure." These preparations are sold in the form of tablets for oral administration. Each tablet of Hormotone is said to contain 1-10 grain desiccated thyroid and 1-20 grain of entire pituitary together with the hormones of the ovary and testes—the amounts and the form in which the latter are supposed to be present are not given. From this it is seen that the only definite information given the medical profession regarding the composition of Hormotone is that it is a weak thyroid and a still weaker pituitary preparation. Hormotone without Post-Pituitary is said to contain

in each tablet 1/10 grain desiccated thyroid, and to "present" "hormone bearing extracts of thyroid, anterior pituitary, ovary, and testes." The Council declared these preparations inadmissible to New and Nonofficial Remedies, because: (1) Their composition is semisecret; (2) the therapeutic claims are unwarranted; (3) they are sold under names not descriptive of their composition, but suggestive of their indiscriminate use as "tonics"; (4) in the light of our present knowledge, the routine administration of pluriglandular mixtures is irrational (*Jour. A. M. A.*, Aug. 16, 1919, p. 549).

**BROMIDE AND ACETANILID COMPOUND.**—The period of acceptance having expired for Granular Effervescent Bromide and Acetanilid Compound-Mulford, the Council on Pharmacy and Chemistry directed its omission from New and Nonofficial Remedies because an examination of the available evidence demonstrated that mixtures of this kind are inimical to rational medicine and the public. The use of mixtures of bromide and acetanilid in fixed proportions is irrational and prone to induce their indiscriminate use by the public—and this despite the perfectly frank declaration of the composition of this mixture by the manufacturer (*Rep. Coun. Pharm. Chem.*, 1918, p. 58).

**HOLADIN AND BILE SALT MIXTURES.**—The period of acceptance having expired, the Council on Pharmacy and Chemistry decided to omit the following mixtures from New and Nonofficial Remedies: Holadin and Bile Salts-Fairchild, Capsules of Bile Salts, Succinate of Soda and Phenolphthalein-Fairchild, Capsules of Holadin, Bile Salts and Phenolphthalein-Fairchild; Capsules of Holadin, Succinate of Soda and Bile Salts-Fairchild. The Council holds that these mixtures are superfluous and that the several substances of which they are composed should be used singly, or at most with greater attention to the individual requirements of the patient than is possible when these fixed mixtures are prescribed. Despite that these mixtures have been in use for more than nine years, there is no satisfactory evidence that they possess any advantage over the simple laxatives, or the preparations of bile or pancreatic extract. The dismissal of the holadin and bile salt mixtures does not involve the question of the usefulness of holadin or of bile salts alone. On the contrary, the possible usefulness of these preparations is admitted and they are retained in New and Nonofficial Remedies. It is the combination of holadin, bile salts, sodium succinate and phenolphthalein to which objection is made by the Council (*Rep. Coun. Pharm. Chem.*, 1918, p. 59).

**POLLEN ANTIGEN.**—Pollen antigen-Lederle is a pollen extract which represents the pollen of plants blooming in spring and in fall. The Council on Pharmacy and Chemistry declared these preparations inadmissible to New and Nonofficial Remedies because there appeared no warrant for complex pollen preparations representing both spring and fall pollens. In consideration of the essentially experimental status of the use of pollen preparations for the prevention and treatment of "hay-fever," such products should be as simple as possible. Hence pollen protein preparations prepared from the pollen of two or more species of plants are accepted for New and Nonofficial Remedies only if there is evidence that the given combination is rational (*Rep. Coun. Pharm. Chem.*, 1918, p. 65).

**RESTORIA.**—"Restoria for Bad Blood" is sold by the Restoria Chemical Company of Kansas City, Mo. It is sold as a sure cure for syphilis, but is also recommended for rheumatism, kidney trouble, lumbago, eczema and catarrh. The A. M. A. Chemical Laboratory reports that Restoria contains no mercury or arsenic but does contain iodid, probably as potassium

iodid, equivalent to 1.693 gm. per 100 Cc. It also was found to contain much vegetable extractive, some alkaloidal drug and a bitter oil or oleoresin (*Jour. A. M. A.*, Aug. 9, 1919, p. 438).

**CINCHOPHEN: FORMERLY ATOPHAN.**—The Chemical Foundation, Inc., which has purchased some 4,500 German-owned patents, many of them for synthetic drugs, proposes to continue the wise policy of the Federal Trade Commission by requiring that those who receive licenses for the use of patents for synthetic drugs must use a common designation for each drug selected by the foundation. Cinchophen has been selected as the designation for the substance introduced as atophan (also described in the U. S. Pharmacopoeia under "phenylcinchoninic acid"). In consideration of this action on the part of the Chemical Foundation and also because physicians found it difficult to use the pharmacopoeial name phenylcinchoninic acid, the Council on Pharmacy and Chemistry has recognized the contracted term cinchophen as the name for the drug introduced as atophan (*Jour. A. M. A.*, Aug. 9, 1919, p. 427).

**CAPELL'S UROLUETIC TEST.**—A "Doctor" H. F. Matthews, representing the Capell Laboratory, Omaha, is demonstrating an asserted new test for syphilis—Capell's Uroletic Test. J. O. Cobb, M.D., Senior Surgeon in Charge U. S. Marine Hospital, Chicago, writes that in a demonstration of the test (which is to be applied to the urine of patients) "Doctor" Matthews was given the same specimen of urine in four different containers, and he read a different degree of reaction for each of them. Capell's Laboratory is apparently conducted by Dr. W. L. Capell. Some years ago, Dr. Capell was connected with a concern known as "Acneine Pharmacal Company." In 1917, W. L. Capell was connected with Capell, Cameron Co., Inc., which was selling "Capell's Uroletic Test," "Capell's Treatment for Syphilis" and other remedies. The treatment for syphilis (mercarodin) is sold by Capell's Laboratory. It also sells Acneine, which apparently is the same product that was sold in 1906 under the name "Sambu-Co" by the Holtman-Stringer Co. of Omaha. While the Capell Laboratory still sells proprietaries, it appears to be reaturing the "Uroletic Test" at the present time. The test would be important if it was reliable; unfortunately its scientific value to the sufferer is negligible, compared with its economic value to the exploiter. It is not so much a test for syphilis in the patient as of credulity in the doctor (*Jour. A. M. A.*, Aug. 23, 1919, p. 626).

**THE USES OF YEAST.**—Yeast is one of those remedies that have undergone alternating cycles of use and of disuse; just at present it appears again to be in its ascendancy. Recently renewed attention has been called to its laxative qualities. The much debated question whether yeast can be used as a food, can be answered in the affirmative. However, in view of its laxative action, the amount of yeast which can be ingested is limited. Also, owing to its high nucleic content it is contraindicated in gout. As a source of water soluble growth promoting as well as anti-neuritic vitamin, yeast has become thoroughly established. However, as common foods contain this vitamin, there is little likelihood of its proving of therapeutic value, since it promotes growth only when stunting is due to lack of vitamins. Yeast has been used as an application in acne, for infected wounds and in leukorrhea. Recently the curative value of the oral administration of yeast in various cutaneous disorders has been reasserted (*Jour. A. M. A.*, Aug. 23, 1919, p. 628).

**THE COUNCIL ON PHARMACY AND CHEMISTRY.**—The profession should recognize that the most important factor in the clearing up of the advertising pages of



medical journals has been the Council on Pharmacy and Chemistry of the American Medical Association. The Council has been criticized both by the manufacturer and the profession, but it has gone on doing the work for which it was created. Sometimes the practitioner feels that his clinical experience justifies the use of a preparation which the Council has not found reason to accept. While apparent clinical results may be misinterpreted, the carefully conducted examination of the Council are likely to be definite and dependable. We are becoming more and more convinced of the unreliability of reports of clinical use by physicians. Practitioners should avail themselves of the Council's investigations by frequent reference to the reports of the Council. If they could keep on hand a copy of New and Nonofficial Remedies for ready reference and prescribe only of the new preparations those that have been accepted by the Council, they would aid materially in the establishment of a scientific and reliable therapeutics (*Jour. Kansas Med. Soc.*, August, 1919, p. 193).

S. S. S.—The state of Louisiana has a law prohibiting the sale of venereal disease remedies, except on the written prescription of a licensed physician. In May of this year, the Bureau of Venereal Diseases of the Louisiana State Board of Health notified the druggists of Louisiana that the sale of "S. S. S." ("Swift's Syphilitic Specific" or "Swift's Sure Specific") would meet with the same law enforcement measures as were being waged against any venereal disease nostrum. The result of this notice was a letter sent to various drug stores of Louisiana by the sales manager of the Swift Specific Company declaring that "S. S. S." is not recommended or advertised as a venereal medicine. A few years ago "S. S. S." was boldly heralded in newspaper advertisements as a "cure" for syphilis (*Jour. A. M. A.*, Aug. 30, 1919, p. 707).

## BOOK REVIEWS

**RULES FOR RECOVERY FROM PULMONARY TUBERCULOSIS.** A Layman's Handbook of Treatment, by Laurason Brown, M.D. Third Edition. Thoroughly Revised. Cloth, \$1.50. Lea & Febiger, Philadelphia and New York, 1919.

It has not been so very long ago that an earlier edition was reviewed in this JOURNAL. It was pointed out there that this volume admirably served the purpose for which it was intended, and that there was a distinct need for such a work. After reviewing this new edition we can repeat our former comment, emphasizing much more, however, the great value such a book has for the layman who seeks aid in recovering from this disease. In publishing new editions of this work Laurason Brown continues to render a real service to all those interested in this phase of the tuberculosis problem.

**ESSENTIALS OF SURGERY.** A Textbook of Surgery. For Students and Graduate Nurses and for Those Interested in the Care of the Sick. By Archibald Leete McDonald, M.D., The Johns Hopkins University, Formerly in Charge of Department of Anatomy, University of North Dakota; Lecturer on Surgery, Nurses' Training School, St. Luke's Hospital, Duluth, Minn. With 46 illustrations. Philadelphia and London: J. B. Lippincott Company, 1919. Cloth, \$2 net.

Nurses who are looking for a book in which the essentials of surgery are given very briefly will find in this new volume what they desire. The book is based

on notes used by the author in his course to senior nurses on "The Principles of Surgery." It gives the nurse in compact form what she needs to know, and it presents the subject matter in such a way that the nurse can readily grasp and understand what she reads.

There are quite a few illustrations, some of which are helpful in the elucidation of the text and some of which are not.

In all probability this new book will meet with some favor and approval by the nursing profession.

**PRINCIPLES AND PRACTICE OF INFANT FEEDING.** By Julius H. Hess, M.D., Professor and Head of the Department of Pediatrics, University of Illinois College of Medicine; Chief of Pediatric Staff, Cook County Hospital; Attending Pediatrician to Cook County, Michael Reese and Englewood Hospitals, Chicago. Illustrated. Philadelphia: F. A. Davis Company, 1918. Cloth, \$2 net.

This manual gives in concise form the important points bearing on infant feeding. The subject matter is presented by a pediatrician of considerable experience in both the teaching and practice of this branch of medicine. He has succeeded in giving to the reader in this brief work just what the latter desires in a work of this kind.

We hope that the author's prophecy that there will be fewer neurasthenics among young women twenty years from now than at present will prove correct. He seems to be so strongly convinced that he ventures a dogmatic assertion relative to that. However, his guess may be a very poor one. Indeed, it rather seems that with the increased application of methods of birth control neurasthenic symptoms are very prone to increase in frequency. Time alone will tell. Until then one may guess, but need not be so emphatic in making such an arbitrary statement, for the future may show it up to be incorrect.

**THE HIGHER ASPECT OF NURSING.** By Gertrude Harding. 12mo of 310 pages. Philadelphia and London: W. B. Saunders Company, 1919. Cloth, \$2 net.

This author believes that she has "a definite message" for those engaged in her profession. She has, therefore, embodied her suggestions and advice in this book.

She discusses the higher aspect of nursing from the point of view of one who has had quite an active general experience in nursing. In such an experience she has picked up points and ideas which she feels are important enough to pass on to her colleagues, with a view to help them solve some of the problems confronting the members of this profession.

The book deals with the "temptations of nurses." The reasons for writing a book along these lines are given. It is clearly evident after reading what the author has to say that such a work ought to be very desirable. No doubt there is greater need for such a work than is commonly supposed, especially in view of the fact recently brought out that the fourth most hazardous occupation for women is that of trained nursing. Since that is so, this new work does, indeed, fill a real need. A copy of it ought to be placed in the hands of every graduate or pupil nurse, and if every member of the nursing profession would conform her life in accordance with the ideal laid down by this author the reputation of this class, as a whole, would soon be as high as it should be.

(Concluded on adv. page xviii)

# In Many a Hurry Call

The doctor will find Thromboplastin solution (Armour) a most convenient thing to have in his case. It is a specific hemostatic and acts promptly.



## Thromboplastin Solution (*Armour*)

is made from the brains of kosher-killed cattle and is standardized physiologically on oxalated blood, is guaranteed to be of full therapeutic strength and is sold in dated packages—25 c. c. vials.

## Pituitary Liquid (*Armour*)

is the physiologically standardized solution of Posterior Pituitary and is absolutely free from chemical preservatives.

A small dose is suggested for obstetrical work— $\frac{1}{2}$  c. c. ampoules. Boxes of 6.

For surgical work 1 c. c. ampoules. Boxes of 6.

As manufacturers of the endocrine gland and other organo-therapeutic agents our facilities are at the service of the medical profession.

*Armour's Sterilized Catgut Ligatures* are offered in standard (60 inch) and emergency lengths (20 inch) plain and chromic.

**ARMOUR AND COMPANY**  
CHICAGO

4253



"It is not so much where one takes the treatment, as how he takes it."—Brehmer.

## The Rockhill Sanatorium for the Treatment of Tuberculosis

Beautifully situated on Indian Hill, ten miles from the center of the city

A modern home-like institution with every convenience where the cardinal points of the treatment—rest, fresh air, nutritious food, and peace of mind can be had. Write for booklet.

Artificial Pneumothorax and Tuberculin  
given in suitable cases

City Office 910 Union Central Bldg., CINCINNATI, OHIO

DR. C. S. ROCKHILL  
Medical Director

## hot weather suggestions

### "Milk of Magnesia S&D"

the antacid laxative that carries the best and most magnesia longest

### "Pan Peptic Elixir S&D . 3 fl-oz Benzothymol S&D . . . 1 fl-oz

M et sig 1-fldrm every half-hour  
in water or p r n in gastro-intestinal irritations—fermentative diarrhea—even in most typhoid conditions"

At your favorite druggist's



(Continued from page 256)

**PHYSIOLOGY AND BIOCHEMISTRY IN MODERN MEDICINE.** By J. J. R. Macleod, Professor of Physiology in the University of Toronto, formerly Professor of Physiology in the Western Reserve University, Cleveland; assisted by Roy G. Pearce and by others. Pp. 223; illustrations, including 11 plates in color. St. Louis: C. V. Mosby Company.

Modern physiologic and biochemical investigations are not limited to the laboratory, but have actually become a part of the well trained physician's daily routine. For the most part, he has had to learn these methods and their application from the current periodicals for want of adequate texts. In this work the author has supplied an excellent treatise on modern physiology and biochemistry as it applies to modern medicine. Graphic methods in cardiac diagnosis, the chemistry of respiration, metabolism, dietetics, the action of enzymes are treated at length. Many of the more obscure diseases, as diabetes, acidosis, goitre, myxedema and nephritis, are discussed in the light that modern physiology has thrown upon them. The work is of the greatest value to all interested in the scientific study of the problems of internal medicine.

**MENTAL DISEASES, A HANDBOOK DEALING WITH DIAGNOSIS AND CLASSIFICATION.** By Walter Vose Gulick, M.D., Assistant Superintendent, Western State Hospital, Fort Steilacoom, Washington. Illustrated. St. Louis: C. V. Mosby Company.

To the general physician at least, psychiatry has always seemed to labor under the overwhelming burden of a multitude of classifications, each one divided into a myriad of subheads with but vaguely defined characteristics. The general adoption of the

classification accepted by the American Medico-Psychological Association in May, 1917, is to be highly commended. The author, working with this classification as a basis has outlined clearly, concisely and simply the mental diseases most commonly met with. The illustrations and the case histories add materially to the value of the book. As a guide to the general practitioner especially, it should prove a valuable diagnostic aid.

**PRACTICAL MEDICINE SERIES FOR 1919. Volume 1.**

Edited by Frank Billings, M.S., M.D., Head of the Medical Department and Dean of the Faculty of Rush Medical College; Part 1 assisted by Burrell O. Raulston, A.B., M.D., President, Pathologist, Presbyterian Hospital; Part 3 assisted by Bernard Fantus, M.S., M.D., Associate Professor of Therapeutics, Rush Medical College. Cloth, \$2.50; price of series of ten volumes, \$10. The Year-Book Publishers, Chicago.

Over six hundred pages are taken up with the review of the important developments in internal medicine during the year. The table of contents is the same, and the material is given in the usual sequence, but the newer ideas and parts brought out in this review are of more than the usual interest and importance.

More attention should be paid to the proofreading; evidently this has been done too hastily, for several errors obviously overlooked are found; i. e., the preposition "in" on page 133 should have been omitted to convey the proper meaning as is obvious from the text, and "records" on page 131 should have been "recorded."

## Prescribe "Horlick's" for your patients convalescing from Influenza and concurrent epidemics.

It has been successfully used over a third of a century in anemic and run-down conditions, and is today extensively endorsed by the medical profession in the feeding of **INFANTS**, nursing mothers and the aged.

*Samples prepaid upon request*

**Horlick's Malted Milk Co.**  
RACINE, WIS.

Avoid imitations by specifying  
"Horlick's"  
the Original  
Malted Milk  
this is the package



PURITYPOTENCYTRUSTWORTHINESS

Characterize

# SQUIBB'S BIOLOGICALS

as well as all Squibb Pharmaceuticals and Chemicals. Of special clinical use at this season are

## TYPHOID VACCINE (PLAIN OR COMBINED)

## TETANUS ANTITOXIN (IF USED EARLY)

Should be kept on hand ready for immediate use

## ANTI-MENINGITIC SERUM (POLYVALENT)

Equally balanced against all types of Meningococci

## DIPHTHERIA ANTITOXIN (GLOBULIN)

Both Diphtheria Antitoxin Squibb and Tetanus Antitoxin Squibb are small in bulk for the number of units

## THROMBOPLASTIN (CONTAINS KEPHALIN IN FULL AMOUNT)

For local use and for use Hypodermically. Either produces Physiological Clotting without danger of Thrombosis or of Embolism. In ordering specify which is desired.

## LEUCOCYTE EXTRACT (STERILE EXTRACT OF HEALTHY LEUCOCYTES). Increases Leucocytosis and Phagocytosis

Full Directions with Each Package.  
Complete Literature on Request.



## E. R. SQUIBB & SONS

Manufacturing Chemists to the Medical Profession since 1858  
80 Beekman St. . . . NEW YORK

CHICAGO, ILL.

NEW BRUNSWICK, N. J.  
KANSAS CITY, MO.

SAN FRANCISCO, CAL



# THE HOUSE WITH A POLICY

## 4. *Integrity.*

**F**IFTY-TWO years is a long time to remain in business.

Statistics show that the average life of commercial institutions is ten to twenty years. When a business house exists for more than half a century, and grows in power and influence during the entire period, one conclusion is inevitable: such a house is founded on the solid rock of integrity.

A business enterprise may endure for a time on some other foundation, but any great organization without honesty as its fundamental support is little better than sounding brass or tinkling cymbals. Its end is certain and inglorious.

Physicians who have been long in practice know that Parke, Davis & Co. have not only developed a large scientific staff to bring out new drugs and to improve old drugs, but are constantly using that staff also in the production of therapeutic agents which conform to the highest ideals of integrity.

During our fifty-two years of existence we have had just three administrations—three presidents and

three general managers. The same policies have guided us throughout. The same traditions have been uniformly observed. Today, as in previous years, it may be truthfully said that any plan to reduce cost at the expense of quality, any device to get business by other than honorable methods, any measure or consideration that is not precisely what it ought to be, is met with instant and final dismissal.

We want no benefit, no matter how great, no matter how profitable, if it cannot be gained honorably, and if after gaining it we cannot hold up our heads among our fellow-men.

We are always glad to have physicians inspect our laboratories. We invite their closest scrutiny. Those who have come here invariably go away with the conviction that our products are made on honor—that they are absolutely true to label—that what we say about them falls short of what might be said—that all sorts of precautions and checks, all kinds of tests and investigations, are employed to make them worthy of the confidence of the medical profession.

PARKE, DAVIS & COMPANY

# THE JOURNAL

OF THE

## Indiana State Medical Association

Owned, Published and Controlled by the Indiana State Medical Association

ISSUED MONTHLY under the Direction of the Council

VOLUME XII  
NUMBER 10

FORT WAYNE, IND., OCTOBER 15, 1919

PER YEAR \$1.50  
SINGLE COPY 20 CENTS

### CONTENTS

#### ORIGINAL ARTICLES

	PAGE
Public Health Work by the Indiana State Medical Association. W. H. Stemm, M.D., North Vernon.....	257
Diseases of Prostate Gland and Neighboring Structures: Physiology, Symptomatology and Pathogenesis. V. D. Lespinasse, M.D., Chicago.....	260
An Interesting Case of Tuberculosis with a Period of Very High Temperature. Gardner C. Johnson, M.D., Evansville, Ind.....	262

#### EDITORIALS

The Diagnosis and Cure of Syphilis.....	264
Investments for the Doctor.....	264
Prohibition Sequelae .....	265

"Selling Patients" .....	266
Editorial Notes .....	267

#### SOCIETY PROCEEDINGS

Indiana State Medical Association.....	279
Pike County .....	283
Union County .....	283

#### MISCELLANEOUS

Deaths .....	274
News Notes and Personals.....	274
The Truth About Medicines.....	283
Book Reviews .....	285

NEXT ANNUAL SESSION, INDIANAPOLIS, SEPT. 24, 25, 26, 1919.

LIST OF OFFICERS AND COMMITTEES ON ADV. PAGE 2.

ENTERED AS SECOND CLASS MATTER, JANUARY 20, 1908, AT THE POSTOFFICE AT FORT WAYNE, INDIANA, UNDER ACT OF CONGRESS OF MARCH 3, 1879. ACCEPTED FOR MAILING AT SPECIAL RATE OF POSTAGE PROVIDED FOR IN SECTION 1103, ACT OF OCTOBER 3, 1917, AUTHORIZED OCTOBER 18, 1918.

### *Just off Press—New (7th) Edition of*

#### EGBERT'S HYGIENE AND SANITATION

The call has been for concise, up-to-date books giving the modern authoritative practice; particularly as regards Industrial Hygiene. Dr. Egbert has subjected every chapter to the most searching revision and has inserted much new material of considerable value. Especial attention has been given to the chapters on Industrial Hygiene, Military Hygiene and Sewage Disposal, because of their greatly increased importance. The new developments in the biologic treatment of sewage, which promise so much, are fully treated.

By SENECA EGBERT, A.M., M.D., Professor of Hygiene, University of Pennsylvania; formerly Dean of the Medico-Chirurgical College, etc. 12mo, 554 pages with 160 engravings and 5 plates. Cloth, \$3.00 net.

#### HYGIENE AND PUBLIC HEALTH—PRICE.

The new (2d) edition of this popular epitome is up to the minute, particularly on the prevention of infectious diseases.

12mo, 280 pages. By GEORGE M. PRICE, M.D., Director, Joint Board of Sanitary Control, N. Y., etc. Cloth, \$1.50 net.

#### CHEMISTRY AND CHEMICAL URINALYSIS—AMOSS.

A new (2d) edition—Gives the nurse that working knowledge of chemistry which increases her value both to the patient and physician.

12mo, 270 pages. By HAROLD L. AMOSS, M.D., Physiological Chemist, U. S. Bureau of Chemistry; Assistant in Preventive Medicine, Harvard Medical School, etc. Cloth, \$1.75 net.

#### PRINCIPLES OF NURSING—BROWN.

A new work, emphasizing the clinical features throughout. Surgical dressings and operating-room technic and nursing in various diseases, explained fully.

12mo, 262 pages, illustrated. By CHARLOTTE A. BROWN, R.N., Supt. of Nurses, New England Hospital for Women and Children, etc. Cloth, \$1.75 net.

#### APPLIED ANATOMY AND KINESIOLOGY—BOWEN.

A second edition of this work—helpful in rehabilitation work and general health and body-building.

Octavo, 334 pages, with 197 illustrations. By WILBUR P. BOWEN, M.S., Professor of Physical Education, Michigan State Normal College. Cloth, \$3.50 net.

PHILADELPHIA  
706-710 Sansom Street

LEA & FEBIGER

NEW YORK  
2 West 45th Street



# THE INDIANA STATE MEDICAL ASSOCIATION

Next Annual Session, South Bend, September 22, 23 and 24, 1920

## OFFICERS AND COMMITTEES FOR 1920

President .....	CHARLES H. McCULLY, Logansport	Executive Secretary .....	FREDERICK E. SCHORTEMEIER
1st Vice President .....	BUDD VAN SWERINGEN, Fort Wayne	Acting Executive Secretary.....	..... F. E. RASCHIG, 314 Hume-Mansur Bldg., Indianapolis
2d Vice President .....	SAMUEL HOLLIS, Sr., Hartford City, Ind.		
3d Vice President.....	CHARLES STOLTZ, South Bend		
Secretary-Treasurer.....	CHAS. N. COMBS, Terre Haute		

## SECTION OFFICERS

Surgical Section—Chairman, James Y. Welborn, Evansville; Vice Chairman, M. R. Combs, Terre Haute; Secretary, H. O. Shafer, Rochester.

Medical Section—Chairman, Charles P. Emerson, Indianapolis; Vice Chairman, B. S. Hunt, Winchester; Secretary, Jane Ketcham, Indianapolis.

Eye, Ear, Nose and Throat Section—Chairman, John R. Newcomb, Indianapolis; Secretary, E. M. Shanklin, Hammond.

## DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION

For one year (term expires December 31, 1920), Joseph Rilus Eastman, Indianapolis. Alternate, Miles F. Porter, Fort Wayne. For two years (term expires December 31, 1921), Albert E. Bulson, Jr., Fort Wayne; George Spohn, Elkhart. Alternates, C. D. Humes, Indianapolis; B. D. Myers, Bloomington.

## COUNCILORS

Chairman, G. W. H. Kemper, Muncie.

DISTRICT	TERM EXPIRES	DISTRICT	TERM EXPIRES
1st—J. Y. Welborn, Evansville.....	December 31, 1920	7th—T. B. Eastman, Indianapolis.....	December 31, 1920
2d—J. B. Maple, Sullivan .....	December 31, 1921	8th—G. W. H. Kemper, Muncie.....	December 31, 1921
3d—Walter Leach, New Albany.....	December 31, 1922	9th—William R. Moffitt, Lafayette.....	December 31, 1922
4th—A. G. Osterman, Seymour.....	December 31, 1920	10th—E. M. Shanklin, Hammond.....	December 31, 1920
5th—Spencer M. Rice, Terre Haute.....	December 31, 1921	11th—G. G. Eckhart, Marion.....	December 31, 1921
6th—O. J. Gronendyke, New Castle.....	December 31, 1922	12th—E. E. Morgan, Fort Wayne.....	December 31, 1922
		13th—H. M. Miller, South Bend.....	December 31, 1920

## COMMITTEES

COMMITTEE ON ADMINISTRATION AND MEDICAL DEFENSE—Permanent Members, President (Charles H. McCully, Logansport), and Editor and Manager THE JOURNAL, Albert E. Bulson, Jr., Fort Wayne; E. M. Shanklin, Hammond (term expires December 31, 1921); Frank B.

Wynn, Indianapolis (term expires December 31, 1920); George R. Daniels, Marion (term expires December 31, 1922).

COMMITTEE ON PUBLICATION—The Council and A. E. Bulson, Jr., Fort Wayne.

(Balance of Committees will be announced in a later issue.)

**FREE**

Sterile  
Specimen  
Containers  
Slides  
Culture  
Media and  
Complete  
Fee Table  
on request

Write or  
Wire

## Clinical Laboratory Analyses

The kind of clinical laboratory work that commands respect

Wassermann and other complement fixation tests ...\$5.00

Autogenous Vaccines. In single vials or ampules ..\$5.00

Lange Colloidal Gold test of Spinal fluid .....\$5.00

Tissue Diagnoses. Frozen section, paraffin or celloidin \$5.00

ABDERHALDEN PREGNANCY and other  
Abderhalden reactions.....\$5.00

MILK, FOOD, SANITARY AND TOXOLOGICAL INVESTIGATIONS

Accurate Analyses of All Secretions, Excretions and Body Fluids

ESTABLISHED BY  
DR. M. HERZOG  
DR. H. C. SWEANY  
DR. MEYER D.  
MOLEDEZKY  
DIRECTOR

*Laboratory of*  
**PATHOLOGY AND BACTERIOLOGY**  
THE MOST MODERN EQUIPPED LABORATORIES IN THE U.S.

1130 MARSHALL FIELD ANNEX 25 E. WASHINGTON ST.

PHONE  
RANDOLPH  
6552-6553  
CHICAGO  
ILL.

# THE JOURNAL

OF THE

## INDIANA STATE MEDICAL ASSOCIATION

DEVOTED TO THE INTERESTS OF THE MEDICAL PROFESSION OF INDIANA

ISSUED MONTHLY under Direction of the Council

ALBERT E. BULSON, Jr., B.S., M.D., Editor and Manager

OFFICE OF PUBLICATION: 406 West Berry Street, FORT WAYNE, INDIANA

VOLUME XII

FORT WAYNE, IND., OCTOBER 15, 1919

NUMBER 10

### ORIGINAL ARTICLES

#### PUBLIC HEALTH WORK BY THE INDIANA STATE MEDICAL ASSOCIATION \*

W. H. STEMME, M.D.

President of the Indiana State Medical Association  
NORTH VERNON

This annual session of the Indiana State Medical Association, 1919, is the most momentous in its history. A large number of the members are returning to private practice, after giving their services to their country in a war the magnitude and destructive powers of which were never dreamed of previously. These members have met and solved problems in preventive medicine that no civil practice ever afforded an opportunity for solving. The problems were not entirely new, but many of them were old problems in new form, and that previously had been treated lightly or largely ignored by a major part of the medical profession. It is now the province of this Association to take up these questions of Public Health and Preventive Hygiene in a systematic way and to utilize all the accumulated knowledge for the benefit of the men, women and children of this great state. It must be done to preserve and improve the health of this and coming generations. Realizing that your knowledge of this subject is equal to if not greater than my own, yet I have no apology to offer for insisting that this organization should take a more active part in public health work.

The importance of public health work was recognized by this association at its organization in 1849, when a resolution was passed providing for the appointment of a committee to memorialize the legislature to provide by law for registration of births, marriages and deaths. At the second annual session, in 1850, a resolution was

passed providing for the appointing of a committee of five, from widely different parts of the state, to report a month before the next annual session "All meteorological facts and their connection with epidemics." In 1870 Dr. George Sutton of Aurora, in his presidential address, emphasized the duty of physicians to instruct their patrons and the public in the art of living so as to preserve health. In the year 1878, Dr. Waterman, in his presidential address, said, "One of the objects of this society is the promotion of all measures to improve the health and protect the lives of the people against disease." "Besides passing a few resolutions, nothing tangible has been accomplished, and it is high time that the Indiana State Medical Association wakes up to the fact that a great duty is being neglected. It is our duty not to allow discouragement to relax our endeavors in behalf of those who do not appreciate as we do the necessity for efforts to prevent disease." Drs. Thaddeus Stevens and F. J. VanVorlies, members of this Association in an early day, strongly advocated making an organized effort in preventive medicine and public health work and the latter physician was a member of the general assembly that passed the first health law which was the result largely of his individual efforts.

This is a brief review of the Association's participation in this great question of public health work. The intention has been good but more should have been accomplished. If as much advancement can be made in preventive medicine in the coming twenty years as was made in the past twenty years, and there is no reason why that achievement should not be exceeded, then, and only then, can we consider we have done our whole duty. That disease can be prevented, that life can be prolonged, is amply proven by medical history. From the time Jenner discovered smallpox vaccination down to the discovery of diphtheria antitoxin and the curative and preventive serums and vaccines of the present time the average duration of

\* President's address, delivered at the Indianapolis Session of the Indiana State Medical Association, September, 1919.



human life has increased from twenty years to the present span of fifty years. This is an achievement of which the medical profession may well feel proud for it ranks with all that science and invention can boast. When a boy meets death from preventable causes no one can say what the world has lost. I believe it was the late President Garfield who said that he never met an urchin on the street but that he had a desire to take his hat off, for no man knew what mighty possibilities were buttoned up in an urchin's little jacket.

Tuberculosis and venereal diseases are the menace of the world today. The late war and the draft gave an opportunity for physical examination on a scale never offered before. This examination of hundreds of thousands of representative men showed conditions that not only alarmed the army authorities, but the civil communities as well. It also revealed the fact that there is five times as much venereal disease in civil life as there is in the army. Latent and active tuberculosis was found to exist in a larger per cent. of the drafted men than any one suspected. The army medical authorities took charge of the situation with decision and aggressiveness, the result being that both diseases soon began to disappear from the soldiers. The same situation confronting us in civil life, under the present health laws, means death or disability, or further contamination of the human life stream. This Association has a duty to perform in more aggressively fighting the venereal plague.

Columbia University recognizes the importance of conserving health by putting every freshman student under the supervision of a medical staff for the purpose of physical education of the student body, and of developing and maintaining a high average of health. As a means to this end the university restaurant is under the charge of a dietitian who sees that a properly balanced and wholesome diet is provided the students.

Seventy per cent. of all school children have some physical defect. Ten per cent. of all school children have enlarged tonsils and 70 per cent. have decayed teeth, with great frequency of tubercular glands from such foci. Supervision by public authorities and parents, correcting these defects in their incipency, will prevent and cure not only present but future ill health and faulty physical development directly due to such defects, and succeeding generations will have a higher average of health. Indiana should have more and better laws relating to public health and sanitation and especially compulsory health supervision of school children.

Teachers and parents as well as physicians should be interested in this subject and general cooperation secured. Health examinations of school children should include: A test of physiologic age. A test of psychologic age. A test of the general health conditions. A test of the morbidity of the individual child.

Under the present health laws a so-called health officer can inspect water supply, ventilation, school lavatory equipment, periodically inspect the pupils, insist that they be seated properly, but cannot insist on nor enforce correction of decayed teeth, removal of adenoids and tonsils, nor provide for many corrective measures that medical men know are absolutely necessary for the restoration of the health or the proper development of the child.

Under the present health laws a city health officer or a county health commissioner is engaged in a struggle for a decent living in the practice of medicine. Often, to supplement this, he is interested in one or more commercial enterprises. If he has any time left he devotes it to the health office, but always with an eye open for future business, being careful to offend no one in the discharge of his official duties. The result is what might be expected under such a system of enforcing the laws of public sanitation and hygiene. There is failure to comply with his instructions, or the instructions are obeyed in such a slipshod way as to nullify the desired end. As an example of the average health officer in the state of Indiana I quote the following letter from the *Monthly Bulletin* of the Indiana State Board of Health: "A health officer has been appointed in the town of ——. He practices medicine, owns a drug store, is a member of the school board, sells school supplies, runs a boarding house, runs a picture show, runs an automobile garage." A correspondent from his town says: "Our health officer is too busy with his private business to look after the public work which belongs to the health officer." As the *Bulletin* well says, "What a farce it is to have as health officer a man who must earn his living by work extraneous to his public position."

A survey of the future leads to the conclusion that the medical profession is facing many and perplexing problems, professional and economic. There are many prophets; many or all of them may go astray in their predictions. Kingdoms and empires have fallen and strange and unheard of forms of governments have taken their places, with fantastic political plans the practical value of which time alone will demonstrate. Economic conditions in America are under the scrutinizing eye of the industrial classes, with

indications that radical changes are in contemplation. It is inconceivable that the practice of medicine, in its economic relationship, will not partake more or less in this change. Great Britain has experimented in the control of the practice of medicine. Is it impossible that the same experiment will not be attempted in the United States? Will the people take the management of Public Health Work into their own hands? Dr. Eugene R. Kelley, in an address before the Connecticut State Medical Society, May, 1918, on the subject, "The Medical Profession and the New Public Health," among other pertinent things said: "This sentiment that the nation owes it to itself to see that all its citizens are physically efficient, has increased by leaps and bounds in the past two years. We have not yet begun to realize how strong it is becoming, nor to appreciate what far reaching effects its logical development into a fixed national policy will have on the future of the medical profession." He also quotes a report by an organization representing big employers of labor, which says: "To fail to apply preventive measures to such illnesses, disabilities and conditions as will almost certainly respond, and, instead permit them to go uncorrected until the victim becomes a charge on society, is absurd. Certainly, if the state can contribute to the support of individuals, after they become incapable of caring for themselves, it can contribute to prevent them from being incapacitated."

In Indiana, crime, feeble-mindedness, insanity and some controllable disease conditions are on the increase. There is a cause for this, and surely a remedy. The state pays a large sum per capita to care for these victims and protect society against them, but only 1.5 cents per capita for prevention.

I am a strong advocate of an all time health officer law. The present system under which health officers are appointed and serve is inefficient, useless, nay, wasteful. About the only duty performed by the majority of health officers is clerical, and that usually in a careless, lazy manner. Furthermore, a majority of the health officers of Indiana are attempting a man's work for a boy's wages. To secure capable and efficient health officers requires the payment of decent compensation, just as is required in any other branch of human endeavor when real service is secured.

When one sees radical changes in prospect in other and important economic branches of industry, one begins to wonder when, and where, and how these changes will affect his particular calling. No physician can shirk the responsibility of the day. The question is:

What is our duty, individually and collectively, in the premises? The time is past when the individual alone is to be considered. The mass of the people, by vested rights, demand the best that is in us, to keep them strong and in good health. Will we continue to give service to the individual after he is stricken, or, as duty demands, formulate such rules of living and conduct as to keep him in sound health and vigor, that he be not a menace to his neighbors nor dangerous to his offspring? This brings me to my point: The duty of this Association in preventive medicine and public health activities. Our work of the future is going to be confined more largely than ever before to preventive medicine. In view of the present state of the public mind if we fail in our duty, then the burden will be taken up by others less fitted to assume it.

As previously stated, a search of the records shows that this Association has been derelict in failing to take an active and aggressive part in preventive medicine and public hygiene. An example is the hydrophobia law. This law was not initiated nor endorsed by a single medical society in the state, but is the product of the unaided efforts of the State Board of Health. What is true of the hydrophobia law is true of other laws pertaining to public health which have been enacted without the aid or support of this Association. Individual physicians over the state are, and have been engaged in public health work, doing what they could in their communities to arouse interest among their patrons in sanitation and hygiene, and individual physicians also have put forth valuable efforts to secure favorable legislative action on public health measures, but like all unorganized movements, results have not been accomplished that a united effort will produce. The organized medical profession is too powerful an economic force to be lightly regarded by any political unit; but to sit with folded hands while others fight our battles is a situation not pleasant to contemplate. Too many times this very indifference on the part of organized medicine has resulted in failure to secure wise and beneficent public health measures or even legislation that is antagonistic to public health.

With a view of encouraging more activity and tangible results I recommend that a special committee be appointed, one member from each Councilor District, whose duty it shall be to determine what should and may be done by this Association to advance public health and hygiene. This Public Health Committee should have an appropriation for expenses to carry on its work and it should confer with the State



Board of Health and such other officials and organizations as can and will assist in its deliberations and conclusions. It should not be limited in its scope, but should take up such subsidiary questions as will contribute in formulating plans and recommendations to this Association. By way of suggestion it occurs to me that our first effort should be to secure an all time health officer law, and to improve on the law relating to the medical inspection of school children. In my judgment these laws will be the first and most important ones to demand our attention in clearing the way for future work. We ought not to divide and weaken our efforts by being diverted in too many directions at one time. As a further recommendation I suggest that the program committee for the annual session in 1920 arrange a public health symposium, inviting men prominently identified with public health work to take part in the symposium. For instance, such a man as Prof. William Welsh, of Johns Hopkins, who has announced that he has given up pathology and will devote his life to preventive medicine, would be an excellent speaker to enlighten and advise us in the work under consideration.

In conclusion, I trust that this brief discussion of an important subject will so impress the incoming administration that energetic measures will be taken to make this Association an active factor in public health progress, to the end that the state of Indiana shall be an example for other states to follow with profit to themselves and glory to us. The life and achievement of a nation depends on the health and physical condition of its people. Therefore to paraphrase an old saying we may say, "Take care of the children and the adults will take care of themselves."

## DISEASES OF PROSTATE GLAND AND NEIGHBORING STRUCTURES

PHYSIOLOGY, SYMPTOMATOLOGY AND  
PATHOGENESIS \*

V. D. LESPINASSE, M.D.

Associate Professor Genito-Urinary Surgery, Northwestern  
University  
CHICAGO

The prostate gland and the neighboring structure, seminal vesicles, utricle, ejaculatory ducts and posterior urethra are one of the great centers of infection in the human body; much more so than is usually thought. Every one has

associated disease of these structures with gonorrhea or with conditions of hypertrophy of the prostate gland. This viewpoint we know now is erroneous, as hematogenous infection as well as infection by continuity has been observed in the prostate and seminal vesicles many times. The prostate gland is a sexual organ, producing a secretion that comprises about one-half of the total volume of the ejaculated semen. The urinary symptoms produced by disease of the prostate are due simply to spread of the disease into some of the neighboring urinary organs.

Normal prostatic secretion consists of lecithin granules, starch bodies and an occasional squamous cell and leukocyte. The most numerous of these bodies are the lecithin bodies. Microscopically the fluid is thin, white and milky in appearance and alkaline in reaction. It has a peculiar odor which is the characteristic odor of semen.

In any type of prostatitis the lecithin bodies are diminished and even disappear and are replaced to a greater or lesser extent by pus corpuscles. In fact, one way of judging the severity of the infection is to count the number of lecithin bodies in proportion to the number of the leukocytes observed. Normally there would be a hundred or more lecithin bodies to a leukocyte. Pathologically these figures may be reversed. With an acute prostatitis the obtaining of prostatic fluid for examination may be impossible, due, (1) to extreme tenderness to touch, making the use of sufficient pressure infeasible; (2) to local conditions in the gland which are such that practically no fluid is produced, and if any is produced the swelling is so great that the prostatic tubules are obstructed.

Infection in the seminal vesicles occurs much the same as infection in the prostate, both blood borne and from continuity of tissue. The normal thick gelatinous secretion of the vesicle is practically free from cellular elements, and when infection occurs it becomes more or less filled with leukocytes. The symptoms accompanying prostatic infections and neighboring structures are almost the same; they may be divided into the symptoms referable to the urinary tract, the sexual tract and general constitutional symptoms. Symptoms referable to the urinary tract are a sensation of weight in the perineum, painful urination, ball in the rectum sensation, or a dull vague sensation of uneasiness deep in the perineum, also pain on defecation. The constitutional symptoms are chill, fever, severe muscular and bone pains, headache and leukocytosis. The rectal examination shows a hard, tense, sharply defined, extremely

\* Read before the Lake County Medical Society, Sept. 11, 1919.

painful swelling. This swelling may involve the entire prostate or may be limited to any one lobe or part of a lobe. It is extremely sensitive to pressure. The acute symptoms vary greatly from extremely severe to extremely mild. The infection may be so mild that the patient will experience only a few hours of painful urination and that is the entire acute course of the disease.

Prostatitis cures, either by drainage into the urethra or by resolution, or it settles down and becomes chronic with no symptoms or with any of the symptom groups to be described.

Another of the commonest complaints of prostatitis is perineal pain. Many of these patients are diagnosed and treated as sexual neurasthenics and told there is nothing wrong with them when in reality they have colon or staphylococci prostatitis of hematogenous origin.

Acute infection of the seminal vesicles, in addition to the usual symptoms, may give symptoms analogous to acute appendicitis. This is due to the fact that the extreme upper tip of the seminal vesicles is covered by peritoneum.

The chief interest in prostatitis cases and the ones I wish especially to bring to your attention are the chronic types of infection of the prostate, seminal vesicle and neighboring structures. These patients clinically are grouped into three distinct types:

1. The neurasthenic type.
2. The type with local symptoms referable to the perineum or urethra.
3. The patients with distant manifestations (arthritis) due to the infection in the prostate.

The neurasthenic type may complain of general weakness, lassitude, loss of power to concentrate on any one thing; just a general loss of "pep." On examination it will be found that any of these types of patient have pus in the prostate, irrespective of their venereal history. Many of them will give a history of having had an acute attack of tonsilitis, ulceration of a tooth or some general infection some weeks previous to the onset of the prostate symptoms. The only positive findings in the entire examination may be an increased number of leukocytes in the expressed prostatic secretion, with or without some mucous membrane changes in the posterior urethra or dilatation of the prostatic ducts. Treatment directed to the relief of the prostatic condition will give marvelous results as to the cure of their neurasthenia. The case with local symptoms is more obviously associated clinically with disease of the prostate gland, as naturally when a patient complains of sexual symptoms or urinary symptoms of a

local type one's attention is drawn at once to the pelvic structure. The symptoms most frequently complained of are perineal pain, frequency of urination, premature ejaculation, impotency and morning discharge (Lagoutte militaire as they used to call it because of its frequency in the army. From present reports Logoutte militaire is a disease of the past.) Examination of this type of case frequently shows changes in the mucous membrane of the posterior urethra in the form of thickenings in grape-like masses, usually situated behind the vera with or without dilatation of the prostatic ducts, or sometimes we may be able to see the ducts plugged with pus or even see pus exuding from them. The urine, in addition to containing some pus, will contain prostatic comas or hooklets which are casts of the prostatic ducts. Rectally the gland may be slightly enlarged, slightly hardened, slightly nodulated or it may feel perfectly normal in every way.

The arthritis type of case will show the same general local conditions as in the previous ones, but in addition we have inflammation of the various joints of the body.

*Sequelae.*—Any of these infections in the prostate gland and seminal vesicle may be mild in type or may be destructive in type, with abscess formation and its consequent destruction of tissue. Scar tissue is produced, which may close the ejaculatory ducts, thus producing azoospermia and consequently sterility, or it may destroy so much of the prostatic tissue that the amount of semen ejaculated is markedly reduced, or the nerve endings are destroyed and our patient is more or less impotent.

The treatment of these conditions is: (1) prophylaxis. Any small infections wherever located should be attended to promptly and during the course of apparently minor infections the patient should not do anything strenuous to prevent the generalization and the subsequent localization. When the doctor sees these patients it is long past the time when prophylaxis can be of any value. His problem is to cure the subacute or chronic infection present at the time and to remedy, if possible, the destruction caused by the previous acute infection.

The treatment therefore divides itself into (1) treatment for the local infection; (2) treatment for systemic infections; (3) treatment for impotency; (4) treatment for sterility; (5) treatment for urinary obstructions.

The treatment to relieve the local infection may be very simple, or it may be very complicated. This infection may be localized in the prostate, in the utricle, or in the seminal vesicles,



or in the mucous membrane of the urethra. If the infection is localized in the mucous membrane of the posterior urethra, local applications of antiseptics such as nitrate of silver, protargol, acriflavin are suitable, any one alone or accompanied by the use of dilator or sounds. If the infection is localized in the utricle there are three possible methods of treatment: (1) Washing out the utricle by means of a needle through the urethroscope; (2) splitting of the cavity of the utricle into the urethra, and (3) amputation of the utricle.

If the infection is in the prostate substance, the prostate should be massaged, or, as I prefer to call it, should be expressed, taking care that there be urine in the bladder so that the material expressed into the urethra can be immediately washed out of the urethra and thus avoid reinfections. Likewise infections in the seminal vesicles are best treated by expression. The same precaution as to urine in the bladder should be observed. For any of these types of infection local heat is a great desideratum. This heat can be applied both in the rectum, on the perineum and on the hypogastrium. Also injections of autogenous vaccine are beneficial and in some types of cases the injection of a foreign proteid intravenously will relieve. To treat the prostatic infections directly some clinicians have injected into it a bactericidal serum.

For infection in the seminal vesicles, injections through the vas deferens have been employed, either by open incisions and exposing the vas or by percutaneous puncture of the vas, a technic developed by me.

Treatment for the systemic infections consists first, in treating the local prostatic conditions as previously described, and in addition treating the systemic focus in whatever manner is indicated. If a joint, one should use extension, immobilization with or without aspiration, and injection as deemed necessary.

The impotency is best treated by relieving the local infection as soon as possible and then stimulating the mucous membrane of the posterior urethra by injecting 0.5 of 1 per cent. nitrate of silver, or by epidural injections of salt solution.

Sterility can be caused by prostatic diseases in two ways: (1) The prostatic secretion is so modified by the pus that it kills the spermatozoa; (2) the prostatic disease causes scarring in the vas or epididymis so that the lumens of these structures are closed. The treatment necessary to relieve these obstructions will depend entirely on where the obstructive lesion happens to be located. If the lesion is in the

epididymis a direct vaso-epididymostomy should be done. If the lesion is in the vas a resection of the structured portion and an end to end anastomosis should be the procedure of choice. If the sterility is due to the pus present in the prostate or vesicle secretion, the life of the spermatozoa can be brought back by massaging and clearing up of the pus. If there is an overgrowth of tissue in the mucous membrane of the posterior urethra sufficient to cause urinary obstruction, these can be relieved by destroying this tissue through the urethroscope by fulguration.

#### CONCLUSIONS

The prostate gland and the contiguous structures are of extreme clinical importance. They cause clinical pictures of widely varying types. Therefore, the practitioner should have the prostate in mind when examining every supposed neurasthenic, chronic rheumatism or chronic sexual or urinary case of any type.

---

#### AN INTERESTING CASE OF TUBERCULOSIS WITH A PERIOD OF VERY HIGH TEMPERATURE

GARDNER C. JOHNSON, M.D.  
EVANSVILLE, IND.

The patient came under the writer's care at the Vanderburg Antituberculosis Society's Free Clinic in May, 1910, and has been under observation since that time.

Miss N.—March, 1910, this patient, at the age of 14 years, developed measles and whooping cough. A persistent cough followed and in July the tubercle bacillus was found in the sputum. In August she developed an acute nephritis which lasted about a month. Home conditions were about as bad as possible. Her father had died of tuberculosis some years previous, leaving a very ignorant mother with six children, this girl being the second oldest in the family. It was only through the aid of the W. C. T. U. and the visiting nurse of the Free Clinic that she obtained any reasonable care during 1910.

Jan. 9, 1911, she entered Boehne Camp, being the first patient to enter that institution. She remained a patient for six months when she was discharged as arrested and was retained at the Camp as an employee. She remained well until September, 1914, when she developed acute appendicitis and was operated at Deaconess Hospital, Sept. 19, 1914. Recovery was uneventful and she returned to the Camp October 2. Temperature had been normal for a week. October 9 she began to run an irregular temperature that could not be explained. She

had no cough or physical signs of activity in her chest. The temperature began to reach 109 and 110, going up quickly though never remaining up over one to three hours. Patient did not complain much during these periods except of headache and there was no delirium. We had no resident physician at Boehne Camp at this time and October 15 she was moved to The Walker Hospital for observation. Here she was examined by Drs. J. Y. Welborn and W. R. Davidson and her eyes were examined by Dr. M. Ravdin. A complete laboratory examination also was made by Dr. Seitz. Sputum and urine were negative, also blood except for moderate leukocytosis. Roentgen ray of chest showed considerable involvement of right apex with a small cavity. During her stay at the Walker hospital she had practically no cough nor were any physical signs of activity found in her chest. October 22, Dr. Ravdin examined her eyes and reported a number of miliary tubercles on the left choroid. (An examination two years later failed to find any evidence of these.) A diagnosis of acute miliary tuberculosis was made on the eye findings, though the temperature was contrary to all our teachings about miliary tuberculosis. The temperature record at Boehne Camp was open to question, as the patient took her own temperature most of the time and she had a thermometer that could be turned upside down and shaken up. For this reason no temperature records of the Camp are given.

This record shows a temperature above 106 on five different days and above 109 on three different days. There were many periods of high temperature while at Boehne Camp that were undoubtedly authentic, and following the return from Walker Hospital her condition remained unchanged. She was a difficult patient to manage and it was impossible to keep her in bed all of the time.

Nov. 20, 1914, the patient left the Camp, on account of friction with the head nurse, and came to the writer's home for observation. At this time she was suffering with toothache, and an examination disclosed an abscess at the root of one her teeth. She was sent to the family dentist and the trouble corrected, following which her temperature promptly dropped to normal. Following her recovery she continued as a domestic in the writer's home and remained well until January, 1917, when, following a severe cold, she developed a cough and daily temperature and returned to Boehne Camp Jan. 17, 1917, where she remained for seven months. August, 1917, she returned to the writer's home where she remained until Aug. 1, 1918, when the writer entered the army. Since that time she has been doing practical nursing and was very busy during the "flu" epidemic. She contracted the influenza in October, 1918, and was off duty one week.

The temperature record while at Walker Hospital was as follows:

These are all rectal temperatures taken by the nurses or doctors.

Date and Time	Temperature	Pulse	Respiration
Oct. 15, 1914			
10 a. m.....	104	100	40
1 p. m.....	99.4	100	40
October 16			
1 a. m.....	97	64	18
6 a. m.....	98.2	76	18
9 a. m.....	98.8	98	32
3 p. m.....	98.4	84	22
October 17			
2 a. m.....	97	72	16
6 a. m.....	98.2	96	20
9:30 a. m.....	99	106	24
3 p. m.....	98.4	76	26
6:30 p. m.....	99	86	24
October 18			
2 a. m.....	98.2	82	20
6 a. m.....	105.4	88	20
10 a. m.....	99.2	94	40
3 p. m.....	99.8	92	22
6:30 p. m.....	98.6	116	..
October 19			
12:45 a. m.....	106.4	64	24
2 a. m.....	106.6	88	26
3:30 a. m.....	97.6	83	28
6 a. m.....	103.4	96	34
9 a. m.....	99.8	94	30
3 p. m.....	99.2	98	34
9:30 p. m.....	98.4	88	28
October 20			
2 a. m.....	97.4	72	32
5:20 a. m.....	106	100	40
8:20 a. m.....	99.2	112	48
11 a. m.....	99	96	36
6:30 p. m.....	99.2	84	30
October 21			
6 a. m.....	104.2	88	38
7:50 a. m.....	101.4	88	24
11 a. m.....	99	96	36
2:40 p. m.....	99.2	100	26
11 p. m.....	110	80	26
12 m.....	106.4	80	26
October 22			
3:45 a. m.....	105.8	80	24
5:30 a. m.....	106.4	84	28
7:30 a. m.....	98.4	100	34
10:30 a. m.....	99.2	114	30
6:30 p. m.....	99.4	96	36
9 p. m.....	109.2	104	34
10 p. m.....	107.6	108	40
10:45 p. m.....	106.4	84	42
October 23			
3 a. m.....	106.2	68	28
6 a. m.....	102.4	100	36
9:15 a. m.....	99	90	28
3 p. m.....	99	94	30
7 p. m.....	98.4	94	..
9:30 p. m.....	104	76	22
11:30 p. m.....	109.3	74	24
October 24			
1:20 a. m.....	105.8	70	18
5 a. m.....	105.6	73	26
8:10 a. m.....	99.2	110	26
11:30 a. m.....	99.2	100	..
2 p. m.....	99.4	..	..

October 24 she returned to Boehne Camp.

Present condition: Examined May 5, 1919. Area of dulness over right apex with bronchial breathing and increased whispering voice. No râles or other signs of activity. Temperature 99, pulse 72. Weight 103 pounds, which is about her normal weight. She is feeling good and able to work every day. She did not lose her hair following those periods of high temperature.

The writer believes that the high temperature was due to absorption from a pus infection of a tooth, but is unable to present any proof except the prompt disappearance on removing the pus foci in the mouth. Hysteria cannot be eliminated as a factor.



# THE JOURNAL

## OF THE

### INDIANA STATE MEDICAL ASSOCIATION

Devoted to the Interests of the Medical Profession of Indiana

Office of Publication, 406 West Berry St., Ft. Wayne, Ind.

OCTOBER 15, 1919

## EDITORIALS

### THE DIAGNOSIS AND CURE OF SYPHILIS

If we can judge from the experience of consultants, it is very evident that there are many general practitioners who are woefully ignorant concerning the diagnosis and treatment of syphilis. The most common error is to consider the patient "cured," following the disappearance of clinical symptoms, as a direct result of one or two intravenous injections of arsphenamin or neoarsphenamin; and the next most common error is to put too much dependence on a single Wassermann test of the blood. It seems to be clearly established that syphilis is one of those diseases which follows no hard and fast lines in its manifestation, control, or cure. The cases of syphilitic infection that are apparently without clinical symptoms far outnumber those that present typical symptoms. The only way we at present possess of making a diagnosis of these latent infections is by means of the Wassermann test. Aside from the value of this test in the diagnosis of the disease it is of inestimable value in the scientific control and treatment of the disease. However, we should not lose sight of the fact that the blood serum of an undoubted syphilitic patient may, at certain times, give a negative reaction; and, therefore, it is folly to place complete reliance on the findings of one negative Wassermann reaction, as it also is folly to place dependence on a negative blood Wassermann when there are indications of a disturbance of the nervous system, the diagnosis of which should be supplemented by a Wassermann of the spinal fluid. In other words, one negative examination, or even more, in a suspected case, is of absolutely no value in excluding the disease. Before the patient can be considered cured, or before he can be assured that he is not suffering from a syphilitic infection, the results of repeated examinations should be analyzed.

Concerning the question of treatment, it is well for the clinician to remember that while positive cures have been brought about as a result of mercury alone, or a limited number of injections of arsphenamin or neoarsphenamin, and the cure demonstrated over a series of years by absence of clinical manifestations and by repeated negative Wassermann tests, yet in the main the successful treatment of syphilis requires repeated injections of arsphenamin or neoarsphenamin supplemented by an intensive course of mercury. Cure following such a course of treatment can only be counted as certain when frequent negative Wassermanns, after the cessation of treatment, and covering a period of years, have rather definitely proven that the treatment has been effective. It always should be remembered that a single negative reaction is absolutely valueless as indicating the cure of the infection, and repeated tests must be made before any definite opinion concerning cure is warranted.

Schamberg<sup>1</sup> even questions the infallibility of repeated negative Wassermanns, and reports a case of second attack of syphilis two years after the first. The man had had repeated negative Wassermann reactions during the interval after the intensive treatment of the first chancre and before the contraction of the second. The case is considered more remarkable because the patient had evidence of early meningeal involvement, and there was no sign of immunity, as the second attack was more severe than the first. The case has a bearing on the question of the curability of syphilis, and Schamberg says that the criteria of cure are hard to establish, as negative Wassermann reactions are not conclusive. While Schamberg's case may be an exceptional one, the majority of cases may be considered cured only after repeated negative Wassermann reactions are obtained over a prolonged period of time.

### INVESTMENTS FOR THE DOCTOR

Our frequent comments concerning the gullibility of physicians when it comes to the matter of making investments has brought about some rather interesting and amusing correspondence with Indiana doctors relative to the matter of buying stock in various oil and mining companies or investing money in other questionable enterprises.

Quite recently we have received an inquiry concerning the purchase of stock in sanatoriums

1. Schamberg: Jour. A. M. A., Sept. 13, 1919.

that are not too ethically conducted, and another enquiry concerning investment in one or two proprietary medicine concerns. All of these inquiries indicate that the average doctor belongs to the most gullible class of people when it comes to purchasing what figuratively may be termed, "gold bricks." There is no denying the fact that it is a nice thing to be able to make 15 to 25 per cent. profit, or even double or triple money invested, but this is so seldom accomplished, when compared to the number of times the money is actually lost, that it is folly to be looking for that sort of profit when there are so many opportunities open for less profit but with reasonable safety as to principal involved.

Just now there is a wild scramble for funds to promote enterprises of every form and description. Enterprises of decidedly questionable character and even firms that represent fakes from start to finish are seeking capital from those who have money to invest. As usual the oil and mining companies are among the most active, though there are a number of industrial enterprises with little excuse for existence that also are clamoring for financial recognition. The mail of the doctor, like the mail of every professional or business man, is heavily loaded with prospective investments that offer everything from fabulous profits to the more conservative return that comes from government and municipal bonds. As a matter of fact, the doctor should pay no attention to these solicitations, and no attention to the horde of promoters who seek a personal interview with the idea of securing the doctor as an investor. Very naturally the doctor must invest his surplus funds if he is to accumulate anything, but there is only one way to make an investment and that is to select an investment that perhaps may not yield a large return but is absolutely safe. One of the best ways to judge as to the safety of an investment is for the doctor to consult his banker, for the banker of experience and recognized good judgment will be even more conservative in his advice to customers and friends than perhaps he would be in making his own investments. No mistake can be made in buying government bonds, and seldom if ever is a mistake made in purchasing state and municipal improvement bonds. When it comes to the purchasing of stock in an industrial concern the doctor should carefully scrutinize the standing of the concern that is offering the bonds, learn

all the facts concerning the management of the concern, what its prospects are, what its indebtedness is and for what the money secured from the sale of the bonds is to be used. Few doctors have the time or are even capable of making this analysis in a satisfactory way, and here again comes the value of the advice of the trustworthy banker who can be trusted to advise intelligently.

Generally speaking, the man, the institution, or the company offering unusual rates on money to be loaned or to be invested is offering a very poor security or otherwise would not be forced to offer such an attractive proposition. Safe or even reasonably safe propositions are not compelled to offer such flattering inducements in order to secure capital, and the doctor who so seldom appreciates this fact is stung very often through his desire to get a little larger return from his money than the conservative investor secures.

But, finally, if we may be pardoned for offering any suggestions, is not it the sensible thing for doctors to do what they expect the general public to do in health matters, namely, consult those who are the best qualified to give the advice that is required. We consider a man a fool who goes to his banker for medical advice, likewise a man who desires legal advice is not going to a doctor; therefore, why should not a doctor needing advice concerning investments go to the banker who makes a specialty of that business? If more doctors will follow this plan there will be more doctors with a comfortable competency at the time of life when they need it.

---

#### PROHIBITION SEQUELAE

Anent the subject of substitutes for alcohol consumption and the deleterious effects arising therefrom, an interesting editorial appears in a recent number of the *New York Medical Journal* from which we quote liberally.

It has become clear since the beginning of the enforcement of the prohibition laws that certain complications and sequelae are to result from the new social condition. Alcohol will be replaced by certain substitutes and some of these promise to be at least as deleterious as alcohol. One thing is sure, the suppression of alcoholic liquor is going to increase greatly the consumption of tea and coffee. There are many physicians who are inclined to think that



these fluids, especially as prepared in our western civilization and taken by habitués, are much more likely to do harm to the human system than alcoholic beverages. Tea and coffee in popular use have become stronger and stronger until now they represent, to some extent at least, concentrated solutions of the essential principles of what are in reality drug materials. They are both of them real stimulants, which of course alcohol is not. We had learned to look on alcohol as a narcotic while tea and coffee are rather irritating nervines.

What we need least of all here in America is stimulants. There is a definite tendency in this country to lead a rather strenuous life even without any stimulants or even, as has been often exemplified, under the influence of such a narcotic as alcohol represents. Relaxation is needed to afford relief to overwrought nervous systems. With the limitation of the manufacture of malt liquors and spirits in England during the war there was a great increase in tea drinking in what were already tea tipping populations. Coffee was the one thing that remained cheap in this country while all other prices were going up during the war, and this led to a great increase in coffee drinking, particularly with the rise in price of the alcoholic liquors generally. It is said that before the war every man, woman and child in this country was consuming the equivalent of 12 pounds of dried coffee beans every year. This is of course only about one-half an ounce a day, but as the coffee bean contains on the average 0.6 of 1 per cent. of caffeine, and as each ounce contains, let us say, in round numbers 500 grains, it is a comparatively easy problem to work out how many grains of caffeine we take every day. As there are a number of people who have an idiosyncrasy for coffee—calculated to be more than one in ten of the population—who cannot take coffee, and as a certain number more take tea by preference, a definite average amount has to be added to what all the coffee drinkers take every day.

There is no doubt that already there is a noteworthy increase in the amount of coffee taken since prohibition went into effect, and the afternoon tea habit is growing; besides some of the so-called temperance drinks which are being substituted for alcoholic liquors of various kinds contain theine and caffeine. Iced coffee has become a favorite drink during the summer time, and a large glass of it contains more

than twice as much strong coffee as the demitasse that used to be taken.

It will not be surprising, then, to have an increase in functional nervous diseases, for they are dependent to a great extent on this overstimulation of the nervous system, this keeping it on edge and not permitting it to relax. There almost surely will be an increase of insomnia and related affections, for the prohibition substitutes practically all have exactly the opposite tendencies with regard to sleep as that exerted by the alcoholic drinks. Tea and coffee, though not intoxicating in the accepted sense of the word, are distinctly toxic and definitely increase blood pressure. An increased blood pressure with its deteriorating effect on heart and arteries is the characteristic pathological development of our time, one unfortunate result can be readily foreseen. Already the death rate above forty has increased instead of diminished, and just when men are most valuable the degenerative diseases are carrying them off. The next five years will surely show some very interesting effects of the new régime that has been inaugurated.

---

#### "SELLING PATIENTS"

"Selling Patients" is the title given to an editorial in the *Fort Wayne Journal-Gazette*, under date of Sept. 20, 1919, concerning fee splitting as practiced by certain members of the medical profession. It is a long lane that has no turns, but we are beginning to see the turning point in the iniquitous and demoralizing practice of fee splitting as a result of the fight being waged on it by the American College of Surgeons and the leading hospital associations. However, the quickest and most effective results are brought about through the cooperation of the public, for when the patient, who in most instances is the worst sufferer, fully understands how and why he is being made the subject of barter he will take steps to put an end to the practice. The editorial in the above mentioned paper is as follows:

"The new rules adopted by the staff of St. Joseph's Hospital to protect the public against what appears to have been on the part of some physicians the gentle art of 'selling patients' will commend themselves to the public. Ethics means something to all businesses and professions, but to no profession do they mean so much to the public as in the case of the medical profession. The layman is not in position to

know to what extent the selling of patients has been practiced. There has long been a suspicion that some unnecessary operations are performed. The idea that physicians should, on finding that a patient required a surgical operation, actually "sell" his patient to the surgeon paying the highest commission is abhorrent and horrible. That means of course that an ordinary butcher, by paying a higher commission, would have an advantage in getting business, over a first class surgeon who would naturally be repelled by the practice. It is gratifying to find members of the medical profession taking the evil in hand and taking steps toward its elimination."

---

### EDITORIAL NOTES

#### DEAR DOCTOR:

THE JOURNAL and the Cooperative Medical Advertising Bureau of Chicago maintain a Service Department to answer inquiries from you about pharmaceuticals, surgical instruments and other manufactured products, such as soaps, clothing, automobiles, etc., which you may need in your home, office, sanitarium or hospital.

We invite and urge you to use this Service.

It is absolutely FREE to you.

The Cooperative Bureau is equipped with catalogues and price lists of manufacturers, and can supply you information by return mail.

Perhaps you want a certain kind of instrument which is not advertised in THE JOURNAL, and do not know where to secure it; or do not know where to obtain some automobile supplies you need. This Service Bureau will give you the information.

Whenever possible, the goods will be advertised in our pages; but if they are not, we urge you to ask THE JOURNAL about them, or write direct to the Cooperative Medical Advertising Bureau, 535 N. Dearborn St., Chicago, Illinois.

We want THE JOURNAL to serve YOU.

---

ONE of our congressmen has said that it is not the "high cost of living" but the "cost of high living" which is troubling the people today. Judging from the way that most men are laboring, and the demands that are made as payment for that labor, we are strongly convinced that what this country needs more than ever right at the present time is a full day's work for a full day's pay, and a little more sticking to the job and not so much leisure.

---

IN a recent issue of the *British Medical Journal* appears an article bitterly resenting the passage, through a standing committee of the House of Commons, of the so-called "Dog Protection Bill," which renders anyone who makes an experiment on a dog liable to prosecution. It is a well known fact that in England research has been much interfered with on account of certain legislation preventing the use of certain animals for experimental work, and this latest act is considered the severest blow, showing

without question that the English people have much more regard for dogs than for human beings.

---

AGAIN the physicians of Indiana are being asked to subscribe for stock in two fairly well known sanatoriums but in each instance with a string attached to the contract. Without presuming to question the management of the concerns that are making this offer we do unhesitatingly urge medical men not to take up with the offers that have been made. Professional men, and especially doctors, are obliged—for the sake of reputation and honor—to be careful about "entangling alliances." To be associated with a sanatorium that perhaps is run under questionable methods but under any circumstances expects the stockholders to work for it, is not an arrangement that is conducive to the maintenance of the high ideals that we are supposed to represent.

---

THE Indiana State Medical Association now has a number of delinquent members, but the number is not so large as it was on February 1 of this year, the final date for the payment of dues for the current year in order to continue in good standing. We call attention to this fact for the reason that delinquency means considerable as pertains to the medical defense feature of the Association, for according to the by-laws, "Medical defense by the Association shall not be available to those who are delinquent, or to those who have not paid the annual dues of the Association prior to the rendering of services for which indemnity is asked." (Dues are payable on January 1, and become delinquent on February 1 of each year.) It will be seen, therefore, that procrastination in the payment of dues is not very profitable if the medical defense feature of the Association is lost through failure to keep up good standing.

---

THE *Hoosier Health Herald* is the new official journal of the Indiana Tuberculosis Association the first number of which has just come from the press. E. Q. Laudeman, executive secretary of the Association, is editor. The periodical will be published monthly from 1134-37 Pythian Building, Indianapolis, and the subscription price is fifty cents (50c.) per year. Its pages are to be devoted to the promotion of the fight against tuberculosis and, as the editor



states in the first edition, "an endeavor will be made to make the magazine all its name implies—a herald. "Whether heralding forth stern and gruesome facts of conditions as they are, or with shrill bugle call marshalling forces to arms; or with the milder clarion note announcing the light ahead, it shall always optimistically endeavor to give direction to where Excelsior's banner will be planted on the ramparts of humanity's greatest foe—disease, and especially tuberculosis."

THE National Safety Council held its eighth annual session in Cleveland on October 1 to 4. The papers and discussion related to health service in connection with organized accident prevention work, and the program listed 160 speakers. While not generally known, it is a fact that during the nineteen months of our participation in the war with Germany the casualties from accident in peaceful America were more than twice as great as the casualties among the American troops in France. The statistics of the United States Census shows that more than 70,000 persons died each year of the war as a result of accidents in America. It is estimated that 20,000 of these deaths were caused by industrial accidents and 50,000 by accidents in the cities and homes. Many of the causes of these accidents could be eliminated by health education, and the National Safety Council has been giving this matter serious attention with the result that at present nearly 4,000 industrial concerns are not only included in the membership but are actively engaged in the war on accidents.

YE gods and little fishes, is it possible that any of the Indiana doctors are going to continue to be fifty years behind the times? It looks that way if the report from one of the county medical societies is true. In a discussion of the ill-effects of enlarged tonsils and adenoid tissue the consensus of opinion of several members was that unless the child is a marked mouth breather the adenoid tissue should not be removed, and unless the child is having attacks of sore throat the tonsils should not be removed. Can it be possible that these doctors have not seen the beneficial effects of tonsil and adenoid operations performed on children in their own community for the relief of earache, deafness, and deterioration of the general health irrespective of the mouth breathing symptom which in reality marks only the aggravated cases and

those neglected? Really it seems hopeless to try to educate some of the older doctors, so perhaps the best plan for the people in any community is to hunt some of the younger members of the medical profession when seeking medical advisers.

It is reported that the chiropractors have increased their antimedical fund and propose to fight harder than ever the enactment of any laws that have for their purpose the raising of the standard for the practice of medicine. It is further reported that their attorney has said that neither the Indiana State Medical Association nor the Indiana State Board of Health shall secure the passage of any medical or public health laws if the chiropractors can prevent it. The question to be determined is, shall the public be made to suffer as a direct result of the antagonism of a small number of ignorant medical pretenders who are opposed to raising or even maintaining standards for the practice of medicine, as they also are opposed to all beneficent and progressive legislation pertaining to public health. The public should have the facts, and it is up to the regular medical profession to take a hand in the dissemination of knowledge concerning the important questions at issue. The facts should be placed directly before the people and the legislators, and then the responsibility for unwise legislation will rest where it belongs.

KILLING A MEDICAL SOCIETY.—In a recent issue of the Bulletin of the Cincinnati Academy of Medicine was published the following recipe for killing a county medical society. The directions contained therein are guaranteed never to fail.

1. Don't come.
2. If you do come, come late.
3. If too wet or too dry, too hot or too cold, don't think of coming.
4. Kick if you are not appointed on a committee, and if you are appointed, never attend a meeting.
5. Don't have anything to say when you are called upon.
6. If you attend a meeting, find fault with the proceedings and work done by other members.
7. Hold back your dues, or don't pay them at all.

8. Never bring a friend whom you think might join the society.

9. Don't do anything more than you can possibly help to further the society's interests; then when a few take off their coats and do things, howl, "This society is run by a clique."

---

IT has been a long time since we have heard anything about members of our Association seeking newspaper notoriety, but now we are beginning to receive daily and weekly papers containing eulogistic accounts of operations performed by various doctors, and of course in each instance the doctor's name is given in full. It is exceeding bad taste for any doctor to seek newspaper notoriety, and it is a good safe gambling bet that in the majority of instances when a doctor's name occurs in connection with a report on the treatment of any case he has either sought the notoriety thus secured or has been cognizant of and willing to sanction it, for no newspaper editor or proprietor is going to ignore the request of any doctor who exhibits an honest desire to avoid newspaper publicity in connection with treatment of the sick and injured. Why wouldn't it be a good idea for the county medical societies to pass a resolution to the effect that newspaper publicity in connection with surgical or medical cases is objectionable to the members of the medical profession, and that while the members of the medical profession are willing to furnish for publication any facts which the public ought to know, they do respectfully request that names of attending physicians be omitted? If such a request is sent to the editors and proprietors of lay papers and periodicals we believe that the request would be complied with in every instance.

---

SOME very decided changes in the management of the utilities controlled by the government will have to be made before we can expect to have anything like the quality of service that we enjoyed in pre-war days. The war is over and with the return of peace days we were promised an improvement in service and a lowering in cost that was beyond our expectations, but the very reverse has been the case. Railroad, express, and mail service never was so poor as it is at the present time, and the cost is far greater than in immediate pre-war days. Two reasons are accountable for this: (1) Mismanagement nearly always accompanies political control; (2) failure to preserve the morale of

the employees, also due to political control which nearly always destroys discipline. Undoubtedly the staunchest advocates of government ownership have become disheartened after the experiences we have undergone in the past and are undergoing at the present time. However, it is one of those things that had to be tried out to demonstrate its usefulness, though we hope that there will be no more experiments of this kind. We are having some difficulty in letting go of the enterprises that have been taken over by the government, and of course in returning them to their private owners in a demoralized condition it may take some time to get back to normal conditions, yet it is the one and only way that we can be assured of that service to which the public is entitled. It is proper that our public utilities should be conducted under such legal restrictions as to protect the public, but to make public utilities the football of politics through government ownership means the destruction of the highest element of usefulness in all those utilities.

---

NEVER in the history of the country has there been such an extensive and far-reaching advertising campaign on the part of proprietary medicine manufacturers as is being conducted at the present time. The daily newspapers have not only columns but whole pages devoted to the advertising of certain proprietary medicines, and the newspaper proprietors for the most part are helping the effectiveness of the game by running the proprietary medicine advertising along with pure reading matter, and with headings in type the same as that used in headings for pure reading matter. It can not be possible that this is a time when people are more easily duped, for they have been educated through the lessons of the war and by propaganda of reputable associations to be consistent in efforts to secure relief from real or imaginary illness. Therefore we can only attribute this splurge in advertising to the knowledge that this is a period of extravagance and ill-considered expenditures on the part of most people, and the proprietary medicine manufacturers believe that their specific pleas for recognition are not unheard. We are constrained to ask why more strenuous efforts are not put forth to secure the cooperation of the editors and publishers of lay papers in putting an end to the deception and fraud that in practically every instance goes with the advertising and sale of proprietary medicines.



We believe that if proper influence is exerted the average newspaper proprietor will be made to see that the public is being exploited by these proprietary medicine manufacturers who at present are advertising so extensively, and they will hesitate before being a party to such questionable practices when they fully understand the situation. This is a work that might be taken care of by committees from medical organizations.

ACCORDING to the report of the Surgeon-General of the United States Army, more than one half of the several million men who were subjected to physical examination for the draft in 1917 and 1918 were rejected for physical causes, most of which might have been prevented by proper attention to the health of the growing child as well as of the young man. These records contained an impressive lesson which physicians should drive home to the people by encouraging them to pay more attention to common sense living and to the prevention of disease. The rejections for physical causes as they were recorded by the Surgeon-General are given in the following table:

Venereal diseases .....	938,232
Heart disease .....	564,768
Disease of the ear, including defects of hearing .....	525,600
Disease of the eye, including defects in vision .....	421,704
Flat feet .....	346,392
Alcoholism .....	296,640
Disease of the organs of locomotion.....	277,128
Hernia .....	209,304
Disease of the skin.....	174,672
Under weight .....	173,160
Disease of the respiratory system.....	156,600
Defective teeth .....	149,112
Weakness of mind.....	146,088
Defects of development.....	132,552
Disease of the genito-urinary system, non-venereal .....	124,992
Varicose veins .....	90,360
Disease of the nervous system, except as shown in detail.....	88,848
General disease, except as shown in detail...	82,800
Tuberculosis .....	76,824
Varicocele .....	48,168
Insufficient chest development.....	45,144
Disease of the digestive system, except shown in detail .....	43,704
Physical debility .....	38,880
Curvature of the spine.....	36,144
Overweight and obesity.....	31,608
Hemorrhoids .....	22,608
Underweights .....	21,096
Disease of the circulatory system, except as shown in detail.....	7,560
Injuries .....	207,792
Rejected for causes not physical.....	1,721,304

WHEN the chief disturber and "boss" connected with the present steel strike admits before a congressional committee that some of the strikers earn from \$60 to \$130 per day of six hours, and that few of the strikers earn less than \$18 to \$20 per day, the average mortal with an ordinary living salary is apt to sit up and make inquiry as to where all this trouble-making over wages and hours is going to end. On every hand there are strikes, oftentimes with no consistent reason therefor, not even a demand for higher wages or shorter hours, and not infrequently we hear that the ultimate goal of the union man is to work about half the time, play the rest of the time, get enormous wages, and dictate absolutely the policies of the employers. In view of the way that things are going we are inclined to believe that professional people also should organize for the avowed purpose of securing more compensation and better working hours. Perhaps the most outrageous abuse of the arbitrary wage standard is the salaries paid to school teachers; next come the preachers, and after them the rank and file of all the professions. Even the doctors are not sufficiently organized to establish and maintain anything more than a living wage, and the average income of the doctors in the United States, which has been computed to be less than \$1,500 per year, seems niggardly as compared to the wages earned by any skilled worker who has served as an apprentice on part pay one-tenth the time a regular doctor spends without pay in fitting himself to practice medicine. It is reported that ex-President Taft says that the school teachers should strike in a body for higher wages, and we believe that he is quite right; but while on the subject of strikes, why can't the doctors pull together in their organizations and make it possible to receive greater compensation for their services? Certainly the rank and file of the medical profession is deserving of a greater income than obtained at the present time!

At the Indianapolis session the Indiana State Medical Association, through its House of Delegates, provided for the appointment of two new standing committees which we think will prove to be among the important committees of the Association. One is a committee on Medical Education, consisting of three members, whose duties it shall be to represent the Association in

connection with anything pertaining to medical education, either as to the work at the Indiana University or the contemplated postgraduate work to be recommended by the Association for various sections of the state. The committee also is to select one of its members as a delegate to the yearly conference of the Committee on Medical Education of the American Medical Association. The other committee is the Committee on Industrial and Civic Relationship, which is to consist of ten members, whose duties shall be as follows: "To study, gather facts and become intimately acquainted with all and every movement wherever and by whomsoever agitated, proposed or attempted to enact or be enacted that has as its secret or avowed object the providing of social, commercial or industrial medical insurance for the public, civic or commercial employees of persons; or for the providing of medical or surgical care to a group or groups of individuals singly or collectively. To devise and advise, whenever necessary, intelligent action on the part of this Association on these questions. To represent this Association at any and all conferences, such as civic or commercial propagandists may hold and by which dignified recognition is extended to the medical profession. To report annually and in writing, its findings, recommendations and information to the House of Delegates. Should occasion arise in the interval between the stated meetings of the House of Delegates and prompt action become imperative, the committee is to present its findings to the chairman of the council and president who are empowered how to proceed in such emergencies."

---

THE Allied Medical Association of America. Considerable propaganda has been appearing in the papers of the country, including Ohio, recently, in which an organization calling itself "The Allied Medical Association of America" has apparently undertaken to capitalize the similar name of The American Medical Association, the latter of which is composed of the leading men of the United States and of which the Ohio State Medical Association is a component part.

In Associated Press dispatches and through other news bureaus, stories were sent out from New York recently to the effect that a speaker before a convention of "The Allied Medical Association of America" has declared that "in-

fluenza and pneumonia are not more to be feared than a boil on the back of the neck."

Another story which was published widely contained the following: "The Allied Medical Association of America, nestor of all the various medical societies of the country, adopted a resolution at its convention declaring that properly brewed beer was absolutely essential in the treatment of certain cases and favoring the manufacture of beer containing not to exceed  $2\frac{3}{4}$  per cent. alcohol. Light wine, if pure, was endorsed as beneficial in certain medical cases."

One investigator charges that "The Allied Medical Association of America" is composed of quacks and that it was formed for the purpose of promoting antiprohibition propaganda. In reply to an inquiry as to the status of "The Allied Medical Association of America" the following telegram sent from the headquarters of the American Medical Association was read before the Senate Judiciary Sub-Committee recently:

"Allied Medical Association not representative of scientific medicine. Ignate Mayer, president, born Austria. L. Mottefy, secretary-treasurer, apparently chief organizer, born Hungary."

A number of newspapers which published the first series of articles have already produced the telegram of the American Medical Association, thus correcting erroneous impressions created previously. If such statements were published in your local papers and have not been supplemented with a publication of the telegram sent by the American Medical Association, it might be well for you at least to call this fact to the attention of your local editors.

It will be remembered that "The Allied Medical Association of America" obtained some notoriety several months ago by its avowed intention of combining and harmonizing all branches and schools of medicine.—*Ohio State Medical Journal*, September, 1919.

---

THE St. Joseph's Hospital of Fort Wayne is among the first of the Indiana hospitals to adopt the hospital organization plan proposed by the American College of Surgeons and endorsed by the Catholic Hospital Association of America. This plan carries with it the organization of a training school for nurses, and a hospital staff, the members of the staff agreeing to the following:

1. To abide by the rules and regulations of the hospital and to adhere at all times to the



well-recognized, lofty principles governing the reputable practice of medicine and surgery.

2. To not engage in the division of fees under any guise whatever, or knowingly let any agent or associate so to do.

3. To take a constructive interest in the hospital and to cooperate in making it as potent a factor as possible in the preservation of public health in the community.

As a constructive policy for the hospital certain rules for the members of the staff have been laid down, and are as follows:

1. Monthly meetings.

2. Each doctor must get the patient's personal history.

3. Report of the physical examination, and working diagnosis.

4. In surgical cases, the operative sheet must, in order to be complete, contain everything done to the patient while in the operating room.

5. In medical cases a report must be made as to the treatment of the patient.

6. Note on the history sheet as to the progress of the patient.

7. Final diagnosis.

8. No verbal orders will be accepted. All orders must be put in order book.

9. All doctors appointed to give lectures to nurses must be prompt; if delayed, notify in time.

10. For all patients to be admitted to the hospital, arrangements must be made in the office.

11. Be it resolved that the practice of the division of fees is inconsistent with the policy of St. Joseph's Hospital, and that physicians and surgeons who divide fees are not permitted to practice in the hospital.

This is a move in the right direction and should be followed by other hospitals in the state and sanctioned by all right-thinking doctors. Hospital standardization, as proposed by the American College of Surgeons, is not an effort to make hospitals alike in form of government, of administration, or of equipment; it does not seek to enforce conformity to any given mold, or to limit originality in any phase of hospital work. It does mean, however, thinking alike on the part of doctors, hospital trustees, hospital superintendents, laboratory workers, nurses, and the public on the aims and utilities of hospitals. It means that every patient in the hospital is entitled to the most effi-

cient care known to the medical profession, and that every hospital feels itself morally obligated either to render such service to its patients, or to state frankly to the patients that it cannot do so.

---

MEDICAL CULTS.—The report of the Council on Medical Education of the American Medical Association on medical cults is of unusual interest and value. We publish it herewith in full: "An important matter, which affects the relationship between the public and the practice of medicine and which is a problem directly concerned with medical education and medical licensure, is the existence and practice of the various pseudo-medical cults, represented by osteopaths, chiropractors, naprapaths, spondylotherapists, neuropaths, psycultopaths, etc. Most of the teaching institutions turning out such practitioners have been inspected by the secretary of the Council while on his various tours of inspecting medical schools. Files of information in regard to the institutions have been kept, which include catalogues, printed literature, circular letters, inspection reports, etc. The problem has been given sufficient study so that the following reliable statements can be made: (a) The only logical argument to be made against practitioners of these cults is their lack of education. Such training as they have received has been in institutions requiring little or no educational qualifications for admission, and under faculties made up almost entirely of those who have not had a complete medical training. Graduate nurses could, with far greater justice, ask the right to treat human disorders than could the followers of these cults, because nurses are largely taught by physicians and secure their training in hospitals where all types of diseases are treated by physicians. (b) Before the recent improvements were made in medical education, many of the medical schools were very little better, from the standpoint of buildings, equipment and teaching facilities than the better pseudo-medical cult institutions. In the former, however, all instructors were those who had received a training in all the branches of medicine. Under the greatly improved conditions brought about in the last fifteen years, there is now so marked a distinction between the education and training of physicians as compared with the cult practitioners that any intelligent layman can note the difference. (c) The medical profession is justified in objecting to various cults, not because of

their peculiar systems of practicing, but because of their serious lack of education and the fact that they are seeking the right to practice as physicians without meeting the same educational standards with which physicians have to comply. If such practitioners wish to appear before the public as physicians and surgeons and to assume all responsibility of such, then they should not object to being measured by the same standards and submitting to the same tests. (d) The work of the Council in connection with low grade colleges, drugless cult institutions and diploma mills has called attention to the lack of adequate safeguards over the chartering of educational institutions in the various states. In all but a few states any group of individuals for a small fee can secure a charter to open an educational institution and to grant all the degrees in the category, no questions being asked in regard to ability, financially or educationally, to furnish the education usually required for such degrees."

---

THE following instructions (published in a recent issue of the *New York Public Health Bulletin*) were issued to medical officers of the Public Health Service regarding the administration of arsphenamine and neoarsphenamine:

*General Directions.*—The ampule, before opening, should be immersed in 95 per cent. alcohol for 15 minutes in order to detect any crack or aperture not primarily recognizable. (Should such a breach be discovered, the contents of the ampule should be discarded.)

*Arsphenamine*—(1) *Solution.*—Cold, boiled, freshly distilled water should be used in all cases except in the case of "arsenobenzol" made by the Dermatological Research Laboratory, in which case hot water is required. No more solution should be prepared at one time than can be given in 30 minutes.

(2) *Neutralization and Alkalinization of the Above Solution.*—With a graduated pipette or burette add 0.9 c.c. of normal NaOH for each 0.1 gm. of the drug (i. e., 5.4 c.c. for each 0.6 gm.). The alkali should be added all at once and should quickly convert the acid salt solution of arsphenamine into the alkaline salt solution, or the disodium salt of the arsphenamine base. (The solution of arsenobenzol which is hot should be cooled before adding the alkali.) This represents slightly more alkali than just enough to redissolve the precipitate formed by the addition of this reagent.

The alkali used should be standardized against normal acid. Normal NaOH is a 4 per cent. solution of the c. p. product. However, if made on the basis of weight, it may be considerably less than this strength, hence the necessity for titration. It could be made up in amount sufficient for a month's use if kept in a well-stopped bottle and exposed to the air for only a few seconds at a time when using the solution. It should be kept in a bottle that has been used for NaOH solution for some time, so that all action it causes in the glass will have occurred. Where it is impossible to have this made up at the station, it will be furnished upon request from the Hygienic Laboratory. Should the NaOH solution become cloudy or contain a precipitate, it should be discarded.

(3) *Concentration of the Drug.*—It is desired to emphasize the fact that the concentration of the drug should not be greater than 0.1 gm. to 30 c.c. of final solution. The practice of using concentrated solution is not only in direct conflict with the instructions on the circular, but carries a distinct hazard to the patient.

(4) *Method of Injection.*—The gravity method only should be used. Where several patients are to be injected from the same solution, the container for the solution should be graduated. If not already graduated, this can be done in a few minutes by sticking on a strip of adhesive plaster and marking the graduations on this. A convenient way to do this is to have each mark represent 30 c.c., with a long mark for each 180 c.c. then, if the volume is made up so that each 0.1 gm. of drug is contained in each 30 c.c., the doses can be given accurately. It is a great convenience to have a glass stopcock near the glass tubing, which serves as a window just above the needle in order to control the rate of injection. If no stopcocks are at hand, the rate can be controlled by the size of the needle and the height of the column of fluid. A No. 18 or 20 B. & S. gauge is the best sized needle.

(5) *Rate of Injection.*—Operators should pay particular attention to the rate of administration, and in no case should it exceed 0.1 gm. of drug (30 c.c. of solution) in two minutes. This point is especially emphasized because it is believed that excessive rapidity of administration accounts for more unfavorable results in the use of arsphenamine than any other one thing.

*Neoarsphenamine.*—The principal precautions to be observed in the administration of neo-



arsphenamine are: (1) Only a single ampule should be dissolved at a time. This drug must not be dissolved in bulk to be given to a series of patients. (2) Cold water only should be used. (3) The dilution should be not stronger than 0.1 gm. of the drug in 2 c.c. of freshly distilled water. (4) A very small needle should be used, and the time of injection of the dose should not be less than five minutes.

---

### DEATHS

---

JOHN T. BURFORD, M.D., aged 71 years, retired physician of Indianapolis, died September 13.

THOMAS L. EADS, M.D., of Michigan City died September 20 from blood poisoning, aged 69 years.

WILMA WALKER, widow of the late Dr. R. A. Walker of Mechanicsburg, died September 10, aged 68.

PEARL STEGNER, wife of Dr. Raymond Stegner, died September 5 at the home of her parents in Carthage, aged 29 years.

THEODORE F. BROWN, M.D., died September 1 at his home in Sandford, aged 75 years. He graduated from the Eclectic Medical College of Indianapolis in 1886.

JOHN H. ALEXANDER, M.D., dean of the medical profession of Decatur County, died September 7, at his home in Greensburg. He graduated in 1874 from the Medical College of Cincinnati and had practiced medicine his entire life at Greensburg.

W. H. HUBBARD, M.D., died August 23 at his home in Monrovia, aged 71 years. He graduated in medicine from Indiana Medical College, Indianapolis, in 1878 and served on the staff of the Central Indiana Hospital for the Insane from 1879 to 1883.

LEE M. BARNEY, M.D., of Elkhart died September 4 from apoplexy. Dr. Barney was born near Elkhart in 1866, educated in the Elkhart schools and graduated in medicine from Northwestern University Medical School, in 1889. Five years ago Dr. Barney lost the sight

of both eyes as a result of an accident in his laboratory and since that time has lived a retired life.

WALTER M. BYERS, M.D., of Shirley died September 20 at the Deaconess Hospital, Indianapolis, as a result of injuries suffered that day when his automobile was struck by a Big Four freight train. Dr. Byers was born in 1883, graduated from the Physio-Medical College of Indianapolis in 1908 and was a member of the Hancock County Medical Society and the Indiana State Medical Association.

---

### NEWS NOTES AND PERSONALS

---

Anything in the line of physicians' supplies or equipment may be obtained from advertisers in *The Journal of the Indiana State Medical Association*. Patronize these advertisers for it means a continuance of their advertising patronage, and the latter means a larger and better Journal for you.

DR. A. L. BARNES of Southport has sold his practice and removed to Seattle, Wash.

DR. EDGAR HIATT, formerly of Portland, has located at Pennville for the practice of medicine.

DR. JOHN T. DAY of Indianapolis was married August 8 to Miss Mary Scales of Newark, N. J.

DR. CLAYTON C. CAMPBELL of Indianapolis has resumed practice after two years military service in France.

DR. E. O. DANIELS, late Captain M. C., U. S. Army, has returned from overseas and resumed his practice at Marion.

DR. AND MRS. JOHN F. MCCOOL of Indianapolis have returned from California where they spent the summer.

DR. AND MRS. DAVID ROSS and son of Indianapolis spent the month of August on an extended trip through the Great Lakes.

DR. EARL E. JOHNSON has removed from West Lebanon and located at Indianapolis for the general practice of medicine and surgery.

DR. AND MRS. JOHN H. OLIVER and daughters of Indianapolis have returned from Siasconset, Nantucket Island, where they spent the summer.

DR. C. E. ORDERS has recently been discharged from military service and resumed practice at 350 Newton Claypool Building, Indianapolis.

---

DR. FRANK A. BRAYTON has resumed practice at 330 Newton Claypool Building, Indianapolis, after twenty-seven months spent in military service.

---

DR. A. B. KNAPP announces the sale of his sanatorium and the opening of an office in the LaPlante Building, Vincennes, for private practice.

---

MAJOR E. L. TITUS of Indianapolis, recently returned from military service in France, has received his discharge and resumed private practice.

---

DR. AND MRS. ALBERT N. COLE of Indianapolis have returned from an extended motor trip through the Adirondacks and the White Mountains.

---

THE Decatur County Medical Society held a banquet on September 7 at Greensburg, honoring Dr. Paul P. Tindall, recently returned from overseas military service.

---

MAJOR E. T. DIPPEL, recently returned from service at Camp Dodge, Des Moines, Iowa, addressed the Huntington County Medical Society at their September meeting.

---

DR. H. D. BRICKLEY, formerly of Chicago and recently returned from fifteen months' military service, has located at Bluffton for the practice of medicine and surgery.

---

DR. E. M. BENNET, formerly of Jamestown and recently returned from military service with Base Hospital No. 7 in France, has located at Whitestown for the practice of medicine.

---

CONGRESS has been asked by Secretary of War Baker to authorize the publication, at government expense, of what would be known as *The Bulletin of the Air Medical Service*.

---

DR. CHARLES G. BEALL of Fort Wayne, recently returned from military service, has been appointed fifth member of the Board of Managers of the Irene Byron Tuberculosis Hospital.

ALL prisoners of the Marion County Jail, Indianapolis, will hereafter be examined for venereal diseases and treated for the same by the United States Public Health Service clinic.

---

DR. E. M. LAYBOURN of Chicago has removed to Kokomo, where he will be associated with Dr. J. Sater Nixon. Dr. Laybourn will be in charge of the roentgen ray and pathological work.

---

DR. B. R. KIRKLIN of Muncie announces the limitation of his practice to roentgen-ray diagnosis and roentgen-ray treatment. His offices are located in the Western Reserve Life Building.

---

THE Elkhart County Medical Society met in regular session on September 4, the program of which consisted of short talks by the various physicians of the county who have been in military service.

---

THE council of the city of Fort Wayne has passed an ordinance providing \$1,400 per year for the installation and upkeep of a venereal disease clinic. Dr. Maurice R. Lohman has been appointed director of the same.

---

A LIFE-SIZE oil painting of Major-General Merritte W. Ireland, Surgeon-General, made by Lieut. Maurice L. Bower, Sanitary Corps, has been hung in the hall of the main stairway in the Army Medical Museum, Washington, D. C.

---

GEORGE V. SHERIDAN, for a number of years Executive Secretary of the Ohio State Medical Association and editor of the *Ohio State Medical Journal*, has recently resigned to become editor of the Springfield (Ohio) *Daily Sun*.

---

DR. J. WILEY THIMLAR has returned to private practice at Fort Wayne after eighteen months military service in the Debarkation Hospital at Hampton, Va., and six months with the Demobilization Board at Newport News, Va.

---

A MEMORIAL hospital for the late Abraham Jacobi to be erected in Washington Heights is being planned by a group of New York physicians and friends. A week's campaign for financing the project will be held November 15 to 22.



THE forty-fourth annual meeting of the Mississippi Valley Medical Association will be held at the Seilback Hotel, Louisville, Ky., October 21 to 23, under the direction of Dr. F. M. Pollinger, Monrovia, Calif., and Dr. Henry Enos Tuley, Louisville, Ky.

ACCORDING to report a clinic for narcotic addicts is to be established at Indianapolis in the near future. Such a clinic is greatly needed to aid the most unfortunate of the addicts who now find it practically impossible to get drugs even through a physician's prescription.

THE Wells County Medical Society held a banquet at the Bliss Hotel, Bluffton, September 16. Dr. S. A. Shumaker acted as toastmaster and Dr. H. O. Bruggemen of Fort Wayne, Colonel, Medical Reserve Corps of the Army, was the honor guest and principal speaker.

WORD has been received from Capt. C. R. Bird that he expects to terminate his service with the Royal Army Medical Corps after two and one-half years' spent with the British Army in England, France and Italy, and return to his home in Greensburg some time in October.

GENERAL HOSPITAL No. 25, Fort Benjamin Harrison, was closed on September 1 by order of the War Department. About 150 patients were transferred to the post hospital. Col. Paul L. Freeman, who was in command of the general hospital, has taken command of the post hospital.

DR. B. G. KEENEY of Shelbyville reports the theft of his diagnostic bag containing stethoscope, blood pressure apparatus, surgical instruments, three medicine cases, a hypodermic syringe, etc., valued at \$150. The theft was supposed to have been made by a dope fiend in search of a drug.

ACCORDING to a report on 2,776 registered cases of drug addictions by the Health Commission of the City of New York, housewives make up the greatest class of women drug users. Out of 646 women addicts 195 are housewives. Actresses constitute the next greatest class, numbering forty-nine.

THE DePew Memorial Fountain, University Park, Indianapolis, was dedicated September 13. This fountain is a memorial to Dr. Richard Johnson DePew, formerly an Indianapolis physician,

and was the work of Carl Bittler (the sculptor who was killed in an automobile accident) and A. Sterling Calder.

AFTER twenty-three months of service in the army, thirteen months of which was spent as chief of the orthopedic service of Base Hospital No. 32 in France, and the balance of the time as chief of the orthopedic service at Camp Taylor, Dr. Eugene B. Mumford has returned to Indianapolis to resume his practice.

DR. M. B. CATLETT of Fort Wayne, recently returned from overseas service, has been appointed a member of the United States Public Health Service and will work with state and municipal health officers in examining and treating discharged sick and disabled soldiers, sailors and marines, and Army and Navy nurses.

REGULATIONS adopted by the Advisory Board of Pennsylvania State Department of Health forbid undertakers to rent or temporarily furnish for use at a funeral in any private house any carpet, rugs, draperies, clothing or artificial flowers. The regulations were adopted to check the possible spread of disease through this practice.

SOME of the members of the St. Louis Medical Society have organized a section of that body called the clinical section of the St. Louis Medical Society, and have established a system of clinics to which members of our Association are invited when they are in St. Louis. Their announcement appears in this issue under the heading, "St. Louis Clinics."

DR. PAUL E. BOWERS, formerly chief surgeon of the state prison at Michigan City and but recently removed to Whittier, Calif., has accepted the position of superintendent of the Northern Indiana Hospital for the Insane at Logansport. Dr. Bowers succeeds Dr. Terflinger, who served as superintendent for ten years and is now entering private practice.

LIEUT. H. S. THURSTON, Medical Corps, Naval Reserve Forces, who has been examining surgeon at the Indiana recruiting station since April, 1917, has been released from active service and resumed practice with his offices in the Willoughby Building, Indianapolis. Dr. Thurston is succeeded in his work by Lieut. R. J. Shale, formerly attached to the U. S. S. K. I. Luckenbaugh.

MAJOR-GENERAL MERRITTE W. IRELAND, Surgeon-General of the United States Army, has been made an honorary Fellow of the Royal College of Surgeons of Edinburgh, Scotland. At the termination of the war the college offered honorary fellowship to one representative of each group of the medical forces of the British Empire and its allies, Major-General Ireland being selected as the American representative.

---

ACCORDING to a statement issued by the United State Public Health Service the cancer death rate in the United States shows an increase of about 2.5 per cent. every year. It has already advanced from 62.9 in 100,000 of population in 1900 to 81.6 in 1917. There were 61,452 deaths from cancer in this country in 1917, 112,821 from pneumonia, 110,285 from tuberculosis, 115,337 from heart disease, and 80,912 from kidney diseases.

---

DURING September the following articles have been accepted by the Council on Pharmacy and Chemistry for inclusion with New and Nonofficial Remedies:

Abbott Laboratories: Cinchophen - Abbott; Chlorazene Surgical Gauze.

Gilliland Laboratories: Typhoid Paratyphoid Bacterial Vaccine (Immunizing) (Gilliland).

Morganstern and Company: Cinchophen-Morganstern.

Van Dyk and Company: Benzyl Alcohol (Van Dyk).

---

SEVENTY-FIVE THOUSAND feet of motion pictures and 10,000 still photographs forming a complete pictorial history of the overseas activities of the medical department of the Army have been turned over to the Surgeon-General by Major Robert Ross, Sanitary Corps, who has been in charge of this work. Fifteen pictures were taken of each hospital showing buildings, personnel, and the work of surgical operations. A series of photographs of dental work shows various stages of operations performed on the faces of wounded men. Seventy-nine photographers were engaged at various times in this work.

---

DR. SAMUEL MCGAUGHEY of Indianapolis recently has received notice of his promotion to the rank of major in the Medical Reserve Corps of the Army. Dr. McGaughey was stationed at Camp Greenleaf, Fort Oglethorpe, Ga., later

transferred to Camp Dix and had overseas orders when the armistice was signed. He received appointment as chief of the surgical and urological sections of the camp examining board during which time he assisted in the demobilization of more than 3,000 enlisted men and officers. He received his discharge on July 10, and his promotion to the rank of major just received came unexpectedly.

---

THE National Tuberculosis Association has notified the United States Senate that it is in favor of universal military training legislation. The following resolution has been presented to the Senate by Senator James W. Wadsworth, chairman of the Committee on Military affairs, and was reported to the Senate Committee on Foreign Affairs:

*Be it Resolved*, That the National Tuberculosis Association, through its executive officers, take immediate steps to secure the cooperation of all other great health organizations, especially the American Medical Association, and state and territorial health officers, in placing before the American people a united demand for the adoption of universal military service as a public health measure.

---

BARTHCLOMEW COUNTY was represented in the Medical Corps of the United States Army in the recent war by twelve of her physicians. They were as follows: Dr. A. P. Roope, Dr. W. H. Benham, Jr., R. M. Tilton, Dr. Wilcox Thorne, Dr. Paul C. Graham, Dr. B. T. Daggy, all of Columbus; Dr. L. H. Redman, Dr. C. M. Jackson of Elizabethtown; Dr. W. J. Norton of Hope, Dr. Flavius J. Beck of Hartsville, Dr. A. O. DeLong of Azalia, Dr. I. J. Maris of Waymansville. All of these physicians have returned to private practice with the exception of Capt. L. H. Redman, who is now in public health service and in charge of a marine hospital in Louisville, Ky., and Dr. W. H. Benham stationed at Camp Grant.

---

THE National Tuberculosis Association announce that six schools in Indiana have been termed "Winners" in the Modern Health Crusade National Tournament. The schools are: Grades 5 and 6, Assumption School, Evansville; Grade 6, Delaware School, Evansville; Grades 7 and 8, Assumption School, Evansville; Grades 7 and 8, St. Joseph's School, Evansville, and Grade 6, Cypress School, Evansville. To be a "Winner" 100 per cent. of its enrollment must score as "Knight's Banneret," that is, each pupil in the school must do at least 75 per cent. of



certain "health chores" within a period of fifteen weeks. The entire crusade is based on the Tournament of Knights in olden times and is becoming very popular in the schools of today as a constructor and builder of health. It is expected that every school in Indiana will enroll during the coming winter.

---

THE National Safety Council cooperating through its health service, with the American Society for the Control of Cancer has just published a poster on cancer, the text of which is as follows:

ABOUT CANCER.—One out of every ten persons over forty dies of cancer. Cancer is curable if treated early. Cancer begins as a local disease. If recognized in time it can often be completely removed and the patient cured. If neglected, it spreads through the body with fatal results. No medicine will cure the cancer. Early diagnosis is all important, but pain rarely gives the first warning.

DANGER SIGNALS.—(1) Any lump, especially on the breast; (2) any irregular bleeding or discharge; (3) any sore that does not heal, particularly about the mouth, lips or tongue; (4) persistent indigestion with loss of weight.

These signs do not necessarily mean cancer, but any of them should take you to a competent doctor for a thorough examination. Do not wait until you are sure it is cancer. It may then be too late.

Copies of this poster may be obtained at cost from the National Safety Council, Chicago.

---

THE most startling announcement of the new Polish government is the recent edict of the Ministry of Public Health ordering every man in Poland to get a "billiard ball" hair cut. "All men without exception must submit to hair cutting," says the announcement. Girls above 8 years are exempt. They will still be left in possession of their tresses if in the judgment of the authorities there is no danger of infection. The object of the edict is a "clean up" campaign to stamp out the typhus epidemic. More than 100,000 cases have been reported. The campaign is scheduled to last three months, but in all small villages the people must have their hair cut and take a bath on a single day. So the authorities advise that the villagers begin early, suggesting 6 o'clock in the morning as a likely hour. It is hoped to establish public baths in every village and town and to make compulsory the regular taking of a prescribed bath. It is also said that every piece of linen, bedding and all the clothes possessed by the people should be subjected to a disinfecting process. To carry out its clean up plans Poland has appealed to the Allies for assistance.

THE GOVERNMENT WANTS WORKERS IN VENEREAL DISEASE CAMPAIGN.—The recently created Interdepartmental Social Hygiene Board of the United States government is in need of a number of specially trained men and women to complete its organization. The United States Civil Service Commission has announced examinations for the following positions: Chief of division for scientific research, \$3,500 to \$4,500 a year; chief of division for educational research and development, \$3,500 to \$4,500 a year; educational assistant, \$2,800 to \$3,600 a year; chief of division of relations with states, \$3,500 to \$4,500 a year; chief of divisions of records, information and planning, \$3,500 to \$4,500 a year; supervising assistant and inspector, \$2,800 to \$3,600 a year; field agent, \$1,800 to \$3,000 a year. All positions are open to both men and women. Applicants for these positions will not be given scholastic tests in an examination room but will be rated on their education, experience, and writings. Published writings of which the applicant is the author will be submitted with the application. For most of the positions a thesis on one of a number of given subjects will be accepted in lieu of published writings. The receipt of applications will close November 4. Detailed information and application blanks may be obtained from the United States Civil Service Commission, Washington, D. C., or from the secretary of the United States Civil Service Board at the postoffice or customhouse in any of 3,000 cities. The law creating the Interdepartmental Social Hygiene Board provides for the cooperation of the War and Navy Departments and the Public Health Service of the Treasury Department for the prevention, control, and treatment of venereal diseases. The duties of the Board as set forth in the act are: (1) To recommend rules and regulations for the expenditure of moneys allotted to states for the use of their respective boards or departments of health in the prevention, control, and treatment of venereal diseases; (2) to select universities, colleges, or other suitable institutions which shall receive allotments for scientific research for the purpose of discovering more effective medical measures for the prevention and treatment of venereal diseases; (3) to recommend such general measures as will promote correlation and efficiency in carrying out the purposes of the act, and (4) to direct the expenditure of certain moneys appropriated by the act.

## SOCIETY PROCEEDINGS

### INDIANA STATE MEDICAL ASSOCIATION

Minutes of Indianapolis Session, September, 1919

Thursday Forenoon, Sept. 25, 1919

The first general meeting of the Indiana State Medical Association was called to order at 8:45 a. m., Sept. 25, 1919, by the President, Dr. W. H. Stemm of North Vernon.

Dr. Alexander M. Craig, Secretary of the American Medical Association, being called to the platform, spoke a few words of greeting, urging the importance of organized medicine and its opportunities at this time.

Dr. Nettie B. Powell, Marion, read a paper on "Influenza in Children."

Dr. Charles P. Emerson, Indianapolis, read a paper on "Clinical Manifestations and Sequelae in Influenza."

Dr. E. N. Kime, Indianapolis, read a paper entitled, "Correlation of Bacteriological and Pathological Findings in Influenza in One Hundred Necropsies at Camp Taylor, Ky."

This Influenza Symposium was discussed by Drs. F. B. Wynn, Indianapolis; Virgil H. Moon, Indianapolis; Charles H. Good, Huntington; Carrol C. Cotton, Elwood; G. W. McCaskey, Fort Wayne; George W. Spohn, Elkhart; Charles E. Reed, Culver; A. C. Kimberlin, Indianapolis, and the discussion closed by Drs. Powell, Emerson and Kime.

Dr. Charles P. Emerson then invited the physicians to visit the new Medical School building from 12 to 2, and to have luncheon while there.

The election of Section officers then followed, resulting as follows:

#### SURGICAL SECTION

*Chairman*—James Y. Welborn, Evansville.

*Vice Chairman*—M. R. Combs, Terre Haute.

*Secretary*—H. O. Shafer, Rochester.

#### MEDICAL SECTION

*Chairman*—Charles P. Emerson, Indianapolis.

*Vice Chairman*—B. S. Hunt, Winchester.

*Secretary*—Jane Ketcham, Indianapolis.

#### EYE, EAR, NOSE AND THROAT SECTION

*Chairman*—John R. Newcomb, Indianapolis.

*Secretary*—E. M. Shanklin, Hammond.

Dr. C. D. Humes, Indianapolis, read a paper entitled, "Meningitis—Neurological Manifestations."

Discussion of this paper was deferred until the afternoon session.

Adjournment until 2 o'clock.

Thursday Afternoon, Sept. 25, 1919

The Thursday afternoon meeting was called to order at 2 o'clock, Dr. Goethe Link, Chairman of the Surgical Section, presiding.

It was moved by Dr. F. B. Wynn that, in connection with the telegram of sympathy to be sent to Dr. George S. Beasley, Lafayette, a similar message be sent to Dr. Thomas B. Eastman of Indianapolis, who is now seriously ill. This motion was seconded by Dr. Charles Stoltz, and carried.

Dr. John R. Newcomb, Indianapolis, read a paper entitled, "Relation of Ophthalmology to Child Hygiene."

Dr. Ada Schweitzer, Indianapolis, read a paper on "Child Hygiene and the Doctor."

Dr. Daniel W. Layman, Indianapolis, read a paper entitled, "Relation of Oto-Laryngology to Child Hygiene."

This Child Welfare Symposium was discussed by Drs. O. C. Breitenbach, Columbus; W. A. Hollis, Hartford City; George W. Spohn, Elkhart; Charles Stoltz, South Bend; J. W. Parrish, Shelbyville; H. O. Pantzer, Indianapolis; Mr. I. L. Miller, Indianapolis, and the discussion closed by Drs. Schweitzer and Layman.

Dr. John A. MacDonald, Indianapolis, read a paper entitled, "Meningitis—Systemic Manifestations, Complications and Treatment."

This paper, together with that of Dr. C. D. Humes read at the morning session, was discussed by Drs. C. N. Howard, Warsaw; A. C. Kimberlin, Indianapolis, and the discussion closed by Drs. J. A. MacDonald and C. D. Humes.

Dr. E. B. Mumford, Indianapolis, read a paper entitled, "Active Mobilization in Joint Conditions." This paper was discussed by Drs. William R. Davidson, Evansville; E. D. Clark, Indianapolis; George D. Marshall, Kokomo; H. O. Bruggeman, Fort Wayne; Frederick A. Tucker, Noblesville, and the discussion closed by Dr. E. B. Mumford.

Capt. A. E. Mozingo, Camp Pike, Ark., read a paper on "Empyema," illustrated by moving pictures. This paper was discussed by Drs. Frederick A. Tucker, Noblesville; H. K. Bonn, Indianapolis; Boyd Snee, South Bend; Charles M. Mix, Muncie; J. Rilus Eastman, Indianapolis; G. B. Jackson, Indianapolis, and the discussion closed by Capt. A. E. Mozingo.

Adjournment until Friday morning.

Friday Morning, Sept. 26, 1919

The Friday morning meeting was called to order at 9:05 by Dr. H. K. Bonn, Vice Chairman of the Surgical Section.

Dr. Scott Edwards, Indianapolis, read a paper entitled, "Blood Sugar in Cancer."

Dr. A. Parker Hitchens, Indianapolis, read a paper on "Lipovaccines."

These two papers were discussed by Drs. Harry Langdon, Indianapolis; T. C. Kennedy, Indianapolis, and the discussion closed by Drs. Scott Edwards and A. Parker Hitchens.

Dr. Arthur Guedel, Indianapolis, read a paper entitled, "Subclassification of Third Stage of Anesthesia with Significance of Eyeball Movements." This paper was discussed by Drs. Marie Kast, Indianapolis; Charles Cabalzer, Indianapolis; E. D. Clark, Indianapolis; J. R. Eastman, Indianapolis, and the discussion closed by Dr. Arthur Guedel.

The Chairman then announced the result of election of officers for the Association as follows:

*President*—Charles H. McCully, Logansport.

*First Vice President*—Budd Van Sweringen, Fort Wayne.

*Second Vice President*—Samuel Hollis, Hartford City.

*Third Vice President*—Charles Stoltz, South Bend.

Place of meeting for 1920, South Bend.



Dr. Charles Haywood, Elkhart, read a paper entitled, "Some Fractures of the Pelvis."

Dr. E. E. Padgett, Indianapolis, read a paper entitled, "Treatment of Uterine Fibroids, Laying Especial Emphasis on the Relative Merits of Surgery, Radium and the Roentgen Ray in the Treatment of Such Cases."

Dr. O. O. Melton, Hammond, read a paper on "Conservative Surgery."

Dr. W. H. Baker, South Bend, read a paper entitled, "A Few Observations Concerning Chronic Uterine Infections."

These papers were discussed by Drs. T. C. Kennedy, Indianapolis; E. D. Clark, Indianapolis; J. R. Eastman, Indianapolis; H. K. Bonn, Indianapolis; Albert M. Cole, Indianapolis; O. G. Pfaff, Indianapolis; H. O. Pantzer, Indianapolis; W. D. Gatch, Indianapolis, and the discussion closed by Dr. E. E. Padgett.

Adjournment until 2 o'clock.

#### Friday Afternoon, Sept. 26, 1919

The Friday afternoon meeting was called to order at 2:15, Dr. H. K. Bonn presiding.

Dr. H. K. Bonn, Indianapolis, read a paper on "Hour-Glass Bladder; with Report of Operated Case."

Drs. W. N. Wishard and H. G. Hamer, Indianapolis, presented a paper entitled, "A Résumé of Past Two Years Prostatic Work, Including Preoperative and Postoperative Conditions."

Dr. P. E. McCown, Indianapolis, read a paper entitled, "Renal Tuberculosis."

Dr. A. C. Yoder, Goshen, read a paper on "Kidney Function Tests."

These four papers were discussed by Drs. William S. Ehrich, Evansville; Frank Jett, Terre Haute; W. N. Wishard, Indianapolis; Bernhard Erdman, Indianapolis; Charles P. Emerson, Indianapolis; Claude F. Fleming, Elkhart, and the discussion closed by Drs. W. N. Wishard and P. E. McCown.

Final adjournment.

### MINUTES OF THE HOUSE OF DELEGATES

(INDIANAPOLIS SESSION, 1919)

#### First Meeting

The House of Delegates of the Indiana State Medical Association, Indianapolis Session, was called to order at 7:15 p. m., Sept. 24, 1919, by the President, Dr. W. H. Stemm of North Vernon, and roll call showed that there was a quorum present.

Moved by Dr. George F. Keiper, Lafayette, that the minutes of the previous meeting as published in the JOURNAL be adopted without reading. Motion seconded and carried.

The President then called for reports of officers and committees.

Moved by Dr. W. H. McGaughey, Greencastle, that the report of the Secretary-Treasurer and Executive Treasurer be adopted as published. Motion seconded.

Dr. George F. Keiper offered an amendment, that so much of the report as refers to the report of the Treasurer be referred to the Finance Committee for audit. Amendment seconded and the amended motion carried.

Moved by Dr. E. E. Evans, Gary, that the report of the Committee on Arrangements be adopted as published. Motion seconded and carried.

Moved by Dr. W. R. Moffitt, West Lafayette, that the report of the Committee on Scientific Work be adopted as published. Motion seconded and carried.

Moved by Dr. W. H. McGaughey that the report of the Committee on Administration and Medical Defense be adopted as published, excepting that the part referring to matters of finance be referred to the Finance Committee. Motion seconded and carried.

Moved by Dr. George F. Keiper that the report of the Committee on Necrology be adopted as published. Motion seconded and carried.

Dr. George F. Keiper then presented an outline of the report of the Committee on Codification of the Constitution and By-Laws, this report to be taken up for further discussion and action at the Friday morning session.

Dr. H. O. Bruggeman, Fort Wayne, then presented the following resolution and moved its adoption:

*Resolved*, That the Indiana State Medical Association condemns the unpatriotic and unprincipled action of those physicians who have entered new communities during the war and established themselves in practice at the expense of medical men absent in the service of the country; and be it further

*Resolved*, That this Association recommend to its County Societies the exclusion from membership of all practitioners of medicine who have sought, by changing their locations, to profit by the patriotism of physicians who went to war.

This motion was seconded and the matter discussed by Drs. Miles F. Porter, George W. Spohn, Charles H. Good, Luke P. V. Williams, F. S. Crockett, W. R. Moffitt, H. C. Knapp, G. W. Lutz and E. E. Morgan.

Moved by Dr. Luke P. V. Williams that the resolution be laid on the table. Motion seconded and lost.

Vote on the original motion to adopt the resolution carried.

Dr. W. N. Wishard then spoke briefly regarding the report of the Committee on Public Policy and Legislation. Moved by Dr. Miles F. Porter that this report be received and adopted. Motion seconded and carried.

Moved by Dr. Miles F. Porter that since Dr. George F. Beasley of Lafayette, a former president of this Association, is now seriously ill, the Secretary be instructed to send him a telegram of sympathy and regret at his absence, and hoping that his recovery may be prompt and complete. Motion seconded and carried.

Moved by Dr. M. R. Combs, Terre Haute, that the House of Delegates, at the close of this session, adjourn to meet at 8 o'clock Friday morning. Motion seconded and carried.

Dr. C. H. McCaskey, Indianapolis, then presented the following resolution:

*Resolved*, That it is the sense of the House of Delegates that we employ an all-time secretary.

Dr. McCaskey moved that this resolution be referred to a committee to be appointed, which committee shall report Friday morning.

Dr. W. M. McGaughey moved to amend that this resolution be referred to the Council. The amendment was seconded and the amended motion carried.

There being no further business, the House of Delegates adjourned until Friday morning at 8 o'clock.

CHARLES N. COMBS, Secretary.

### Second Meeting

The final meeting of the House of Delegates of the Indiana State Medical Association, Indianapolis Session, was held Friday, September 26, at 8:15 a. m. President W. H. Stemm occupying the chair. Election of officers resulted as follows:

President, Dr. Charles H. McCully, Logansport.

First Vice President, Dr. Budd Van Sweringen, Fort Wayne.

Second Vice President, Dr. Samuel Hollis, Sr., Hartford City.

Third Vice President, Dr. Charles Stoltz, South Bend.

Secretary-Treasurer, Dr. Charles N. Combs, Terre Haute, re-elected.

Delegates to the American Medical Association, Dr. George W. Spohn, Elkhart, and Dr. Albert E. Bulson, Jr., Fort Wayne, for the ensuing two years.

Alternates to the American Medical Association, Dr. C. D. Humes, Indianapolis, and Dr. B. D. Myers, Bloomington.

One member of the Committee on Administration and Medical Defense, Dr. George R. Daniels, Marion, for the ensuing three years.

Election of Councilors in the following Districts whose term expires Dec. 31, 1919:

Second, Dr. J. B. Maple, Sullivan.

Third, Dr. Walter Leach, New Albany.

Fifth, Dr. Spencer M. Rice, Terre Haute.

Sixth, Dr. O. J. Gronendyke, Newcasttle.

Ninth, Dr. William R. Moffitt, Lafayette.

Eleventh, Dr. G. G. Eckhart, Marion.

Twelfth, Dr. E. E. Morgan, Fort Wayne.

Motion made by Dr. M. F. Porter, and duly seconded, that the councilors in such districts be re-elected. Motion amended to read, "If any of these District Societies meet in October, they may elect their own councilors at that time." Amended motion carried.

South Bend was chosen as the place for the 1920 session.

The Secretary read the following report: "The resolution from the House of Delegates concerning the employment of an all-time secretary was received by the Council, and, after free discussion of the resolution as presented, it is the opinion of the Council, decided by a vote, that we are not justified at the present time in employing an all-time secretary, and recommendation is made that the House of Delegates elect a secretary in the usual way in accordance with the provisions of the Constitution." Motion made and seconded that the report of the Council be accepted. Motion carried.

Report of Committee on Codification called for, and Dr. Bulson presented the proposed changes in the Constitution. Motion made by Dr. Spohn and duly seconded that the Committee publish the changes to be made in the Constitution in the JOURNAL so that each member of the Association may consider them until the next session and then act on them at that time. Motion carried.

Dr. Bulson then presented the proposed changes in the By-Laws.

Motion made by Dr. Spohn and duly seconded that the changes to be made in the By-Laws also be pub-

lished in the JOURNAL to give the members of the Association a chance to consider them and that they be acted on at the next session. Motion carried.

The following resolution was offered by Dr. Good at the request of Dr. W. N. Wishard:

*Resolved*, That the thanks of the House of Delegates of the Indiana State Medical Association be tendered to Representative J. Glenn Harris of Gary, Ind., for his intelligent, capable and untiring efforts at the last session of the Indiana State Legislature in behalf of the maintenance of a higher standard of medical education and in his efforts to secure the passage of a bill strengthening our present State Medical Law.

On motion of Dr. Daniels, this resolution was amended by inserting, "and the members of the legislature who assisted him." Motion seconded and carried.

Dr. George D. Miller introduced the following resolution:

WHEREAS, It is the duty and to the honor of medicine, to instruct and to lead society in all matters of medical knowledge which may be in any way of value for the advancement and improvement of the public; therefore be it

*Resolved*, That the Councilors of the Thirteen Council Districts of the state shall constitute a Public Health Committee and the President of this Association shall be a member of said Committee and the Chairman thereof. The duty of this committee shall be to meet at Indianapolis on call of the President and to organize and to devise and to execute such plans and methods as they may deem necessary to further legislation for the abolition of the present out of date and inefficient and extravagant health officer system, and the creation of an up-to-date system which will be efficient and economic. The committee shall also exert all efforts for the passage of a statute requiring the health supervision of all school children.

*Resolved*, That it is the opinion of this Association that the passage of these two measures would result in augmenting the strength, the wealth and the happiness of the people of Indiana, and therefore, it becomes the duty of the Association to take this action.

*Resolved*, That the actual expenses of this committee be paid out of the money of the Association.

Moved and seconded that this committee begin work at once pending the action of the House of Delegates. Motion carried.

A motion was made and carried, that anticipating the creation of a Committee on Industrial and Civic Relationship and a Committee on Medical Education, as provided by the revised By-Laws before the Association for adoption, that the incoming president appoint such committees—to begin work at once—and that such committees and their duties be as follows:

1. The Committee on Industrial and Civic Relationship shall consist of five members, appointed annually by the newly elected president. The duties of the committee shall be:

To study, gather facts and become intimately acquainted with all and every movement wherever and by whosoever agitated, proposed or attempted to enact or be enacted, that has as its secret or avowed object the providing of social, commercial or industrial medical insurance for the public, civic or commercial employees of persons; or for the providing of medical or surgical care to a group or groups of individuals singly or collectively.



To devise and advise, whenever necessary, intelligent action on the part of this Association on these questions.

To represent this Association at any and all conferences, such as civic or commercial propagandists may hold, and by which dignified recognition is extended to the medical profession.

To report annually and in writing, its findings, recommendations and information to the House of Delegates. Should occasion arise in the interval between the stated meetings of the House of Delegates and prompt action become imperative, the Committee is to present its findings to the Chairman of the Council and the President who are empowered how to proceed in such emergencies by the Constitution and By-Laws.

2. The Committee on Medical Education shall consist of three members, and the duties of such committee shall be to devise ways and means for promoting and carrying on postgraduate work in various sections of the state; to confer with the Committee on Public Policy and Legislation concerning any change in the present educational laws, and to aid in every way in improving the medical educational standards of the state; and to select one of its own members as a delegate to the yearly conference on medical education of the American Medical Association.

Dr. Albert E. Sterne, as chairman of the Committee on Hospital Standardization, offered the following report:

*To the House of Delegates:*

As you are doubtless aware, the Council on Medical Education of the American Medical Association has instituted a thorough survey of the hospital facilities of each state of the United States. In each state a committee has been appointed in cooperation with the American Medical Association to conduct an impartial inquiry into the actual hospital situation of the individual state, with the request that a full report of existing hospital conditions be made to the Council on Medical Education of the American Medical Association by Jan. 1, 1920. This investigation is designed to reveal the short-comings or above-parity of each hospital in the state of Indiana, irrespective of its character and whether adequate facilities for the training of interns are afforded or not.

In a recent survey of the hospitals of the United States conducted by the American Medical Association revised to Aug. 15, 1916, it was found that Indiana compares only fairly well with the standard established for the entire country. We should seek to raise our hospital average, not only up to the required standard, but, if possible, above it. Out of the total number of medical, surgical and special hospitals in the state, only eleven afforded acceptable internships for medical graduates; but thirteen hospitals replied to the questionnaire, sent out by the central committee, offering or desiring internships; of these two were state hospitals for the insane and one the State Hospital for Tuberculosis. The total available medical personnel is far below the internships offered.

After carefully considering the data concerning the hospital question in this state (received from the American Medical Association) your committee, realizing the importance and magnitude of the task of making a really thorough canvass of all Indiana hospitals; the time required to conduct this investigation; the expense entailed, and the necessity for repeated surveys from year to year in order to keep up to requirements, makes the following recommendations:

1. The creation of a standing Committee on Hospitals of the Indiana State Medical Association composed of not less than five members serving for a term of five years, to be elected by the House of Delegates.

2. It shall be the duty of this Committee to obey the mandates of the Council on Medical Education of the American Medical Association, and make annual report to this House of Delegates.

3. The expenses incident to the conduct of the necessary affairs of this Committee shall be authorized by the Committee on Administration; the latter shall fix and allow a reasonable per diem recompense to members of the Hospital Committee while away from practice engaged on tours of inspection, as well as railway fares, hotel expenses, etc.; a certified copy of expenditures must accompany any claim on the Treasury of the Association.

4. The Committee on Hospitals shall be empowered to formulate its own methods of procedure, call all required assistance to complete and perpetuate its task and otherwise conform to the standards adopted by the Council on Medical Education of the American Medical Association.

5. We especially recommend courses in postgraduate teaching to be held at stated intervals in each or joint councilor districts of the State Medical Association; these courses shall be conducted by physicians nonresident in the district or districts in which each session is held and may be selected from without the state if desired. The expenses of these postgraduate medical courses shall be borne by methods to be determined after careful consideration.

Respectfully submitted,

ALBERT E. STERNE, Indianapolis, Chairman,  
JOSEPH H. WEINSTEIN, Terre Haute,  
GEORGE D. MILLER, Logansport.

Motion made and seconded that the report of the Committee on Hospital Standardization of the Indiana State Medical Association be published in the JOURNAL so that it may be available to the members of the Association. Motion carried.

Moved and seconded that the thanks of the Association be tendered to the members of the Committee for the splendid report made. Motion carried.

Motion made and seconded that report be amended by inserting that the incoming president appoint forthwith a committee of five to carry on the work of this committee. Motion carried.

Dr. A. M. Hayden offered the following resolution:

*Resolved*, By the House of Delegates of the Indiana State Medical Association, that it regrets very sincerely the unavoidable absence of Dr. Edwin Walker, one of its most beloved and useful members. As one of the oldest and most faithful workers of this Association he has for many years striven for the highest ideals of his beloved profession. His counsel has been wise and his ideals lofty. As president, as councilor, and as a participant in the scientific work of this organization, as a citizen and as a friend, we value him most highly and rejoice in the news of his improved health and send him our most affectionate greeting and our earnest wish for his speedy recovery.

Motion made and seconded that the secretary send a copy of the resolution to Dr. Walker by night letter. Motion carried.

The following resolution was offered by Dr. C. H. McCaskey:

*Resolved*, That this House of Delegates of the Indiana State Medical Association now assembled instruct its secretary to convey to Mr. Ernest Bross, Managing Editor of the Indianapolis Star, its sincere thanks for his fine appreciation of the efforts of

Indiana physicians, as is so well evidenced by various editorial comments and to assure him further that such courageous support and sympathy will do much to sustain us in our future endeavors to combat disease and make human life more livable.

Moved and seconded that the resolution of Dr. McCaskey be adopted. Motion carried.

In the name of the Tipton County Medical Society, Dr. H. G. Read offered the following resolution:

*Resolved*, That the President of this Association appoint a committee to draft a schedule of fees to serve as a working basis and guide for our membership.

Motion made and seconded that the resolution by Dr. Read be laid on the table. Motion carried.

Motion made and seconded that the thanks of the Association be extended to the profession of Indianapolis for the entertainment. Motion carried.

In behalf of Dr. Wishard, Dr. Evans read the following resolution:

*Resolved*, That the representatives of the regular medical profession on the State Board of Medical Registration and Examination should be men who have the educational and other qualifications especially fitting them for service on this distinctly educational board; and should be men who are acquainted with the modern emphasis on thorough training for the practice of medicine; and preferably men of comparatively recent graduation and familiar with modern teaching methods used in Class A medical schools; also that they should be men whose fitness can be indorsed by this Association through its Committee on Legislation and Public Policy.

Adjournment.

CHARLES N. COMBS, Secretary.

## MINUTES OF THE COUNCIL

(INDIANAPOLIS SESSION, 1919)

The first meeting of the Council of the Indiana State Medical Association, Indianapolis Session, was held Sept. 24, 1919, at 4:30 p. m. Present: Councilors G. W. H. Kemper, E. E. Morgan, W. R. Moffitt, E. M. Shanklin, J. Y. Welborn, President Stemm, Editor Bulson and Secretary Combs.

The minutes of the preceding meeting were read and approved. The councilors made their reports, and the discussion which followed was in the line of constructive criticism concerning the Legislative Committee, Medical Defense Committee and conduct of the Secretary's office. Due to the unsettled conditions in the past year, the Council admitted its failure to carry out all the program assigned to it in the Constitution and By-Laws, and pledged themselves to do so in the coming year.

The second meeting of the Council was held September 25. Present: Drs. G. W. H. Kemper, J. Y. Welborn, W. Leach, W. R. Moffitt, W. H. Stemm, A. E. Bulson, Jr., and C. N. Combs.

The only business presented was the resolution from the House of Delegates concerning the appointment of an all-time secretary, and, after discussion, the idea was rejected and the House of Delegates so notified.

The last meeting of the Council was held September 26. Present: Drs. Kemper, Leach, Shanklin, Moffitt, Bulson, Combs, Mr. Raschig, and Dr. Daniels representing Dr. Eckhart.

Suggestion was made that each county society send programs of each meeting to the councilor. If a good paper is read at one society, the councilor should recommend that it be read at a neighboring county society meeting. County societies which have been lax in holding regular meetings should now resume regular meetings, and the councilor in each district should make it his first duty to see that this work is actively resumed.

The secretaries should be more prompt in collecting the dues, as occasionally even prominent members of the Association are found to be delinquent towards the end of the year, and the Association would be obliged to refuse medical defense to that member if he should need it. Complaints have been made concerning failure of physicians to receive the JOURNAL, but in most instances the failure was due to the fact that the dues had not been received by the Association. However, the failure to receive an occasional number of the JOURNAL is probably due to poor mail service in connection with second class matter.

Adjourned.

CHARLES N. COMBS, Secretary.

## PIKE COUNTY

The Pike County Medical Society met Thursday evening, September 11, 1919, 8 p. m., in the Presbyterian Church, Petersburg. Nine members and eight visitors present. The Society was very agreeably entertained with a musical program rendered by a number of young ladies. Drs. Funk and Edwards of Vincennes gave an hour of instruction with lantern and slides which had mainly to do with fractures and chest conditions as may be seen with the Roentgen rays. A very profitable hour. After adjournment the members and visitors feasted conservatively at a nearby cream parlor.

E. S. IMEL, President.

S. R. CLARK, Secretary

## UNION COUNTY

The Union County Medical Society met in regular session Wednesday, October 1, and was called to order by President Thompson. The literary part of the program was postponed until the regular December meeting owing to the fact that the society had under consideration the enactment of a fee bill. After a thorough discussion of a fair charge to the public, a fee bill, satisfactory to all, was adopted and signed by all the members. The meeting was held at the home of Dr. and Mrs. W. A. Thompson at Liberty, and at the close of the business session a two-course luncheon was served. W. A. THOMPSON, President.

## THE TRUTH ABOUT MEDICINES

### NEW AND NONOFFICIAL REMEDIES

Since publication of New and Nonofficial Remedies, 1919, and in addition to those previously reported, the following articles have been accepted by the Council on Pharmacy and Chemistry of the American Medical Association for inclusion with "New and Nonofficial Remedies":



**CULTURE-LAC.**—A culture of *Bacillus bulgaricus* in whey, marketed in bottles containing about 4 fluid-ounces. It is adapted both for internal and external use (see general article on Lactic Acid-Producing Organisms and Preparations, New and Nonofficial Remedies, 1919, p. 155). The date of issue is stated on the label of each bottle. Geck Laboratory, New York (*Jour. A. M. A.*, Sept. 6, 1919, p. 767).

**BENZYL ALCOHOL-VAN DYK.**—A brand of benzyl alcohol which complies with the New and Nonofficial Remedies standards. For a description of the actions, uses and dosage of benzyl alcohol see New and Nonofficial Remedies, 1919, p. 52. Van Dyk & Co., New York City.

**CINCHOPHEN.**—A nonproprietary name applied to phenylcinchoninic acid (*Acidum Phenylcinchoninicum*, U. S. P.). For a description of the actions, uses and dosage, see under Phenylcinchoninic Acid and Phenylcinchoninic Acid Derivatives, New and Nonofficial Remedies, 1919, p. 226.

**CINCHOPHEN-ABBOTT.**—The Abbott Laboratories have adopted the name cinchophen for the product accepted for New and Nonofficial Remedies as phenylcinchoninic acid-Abbott (see New and Nonofficial Remedies, 1919, p. 227).

**CINCHOPHEN-MORGENSTERN.**—Morgenstern and Company have adopted the terms cinchophen and sodium-cinchophen-water for the products accepted as acid. phenylcinch.-Morgenstern and sodium phenylcinch.-water-Morgenstern (see New and Nonofficial Remedies, 1919, p. 227).

**CINCHOPHEN-CALCO.**—A brand of cinchophen. It complies with the standards for *Acidum Phenylcinchoninicum*, U. S. P. The Calco Chemical Co., Newark, N. J. (*Jour. A. M. A.*, Sept. 13, 1919, p. 837).

**CHLORAZENE SURGICAL GAUZE.**—Gauze impregnated with, and containing approximately 5 per cent. of chlorazene. For a description of chlorazene, see New and Nonofficial Remedies, 1919, p. 137. The Abbott Laboratories, Chicago.

**NOVASPIRIN.**—A compound of anhydro-methylene-citric acid and salicylic acid. For a discussion of the actions and uses of Acid Derivatives of Salicylic Acid (*Acetylsalicylic Acid Type*), see New and Nonofficial Remedies, 1919, p. 250. The dose of novaspirin is 1 gm., several times daily. The Winthrop Chemical Co., New York City (*Jour. A. M. A.*, Sept. 27, 1919, p. 987).

#### PROPAGANDA FOR REFORM

**AMERICAN MADE SYNTHETIC DRUGS.**—P. N. Leech, W. Rabak and A. H. Clark report on the work which was done in the A. M. A. Chemical Laboratory in the efforts to overcome the shortage of synthetic drugs during the recent war. In particular they report on the examination of and the establishment of standards for procaine (novocaine), barbital (veronal), phenetidyl-acetphenetidin (holocaine) and cinchophen, or phenylcinchoninic acid (atophan), manufactured under Federal Trade Commission licenses. They report that the shortage of German synthetics was not felt seriously in most cases because the demand for them had been artificially created, and that the few which were in great need are being rapidly replaced by American made drugs. The report explains how the Federal Trade Commission granted licenses to American firms for the manufacture of German synthetics which were protected by U. S. patents, and how these licenses were issued only after an examination of the firm's product in the Association's chemical laboratory had demonstrated that its quality was satisfactory and equal to that of the drug formerly imported from

Germany. It is interesting to observe, the report declares, that of all the synthetic drugs imported into this country from Germany and on which American patents had been issued, the demand was sufficient only to make it commercially profitable to manufacture four of them on a commercial scale, namely, arsphenamine (and neoarsphenamine), barbital (and barbital sodium), cinchophen and procaine. The chemists caution that, in view of the agitation to found an institute for cooperative research as an aid to the American drug industry, it will be well for the American medical profession to be on its guard against new and enthusiastic propaganda on the part of those engaged in the laudable enterprise of promoting American Chemical industry (*Jour. A. M. A.*, Sept. 6, 1919, p. 754).

**BENZYL BENZOATE.**—Although the benzyl esters have been known only a short time in medicine, the possibilities of their usefulness in certain fields of practice is becoming apparent. Benzyl benzoate has already been accepted for New and Nonofficial Remedies. The therapeutic applicability of benzyl esters arose from the investigation of opium alkaloids by D. I. Macht. The study demonstrated that opium alkaloids may be divided into two classes: the pyridin-phenanthrene group, of which morphin is the type, and the benzyl-isoquinolin group, to which papaverin belongs. The former was found to stimulate contractions of unstriated muscle, whereas the papaverin-like alkaloids inhibit the contractions and lower the muscle tone. A search for simpler, non-narcotic compounds of the latter which might still act in inhibitory manner on smooth musculature led to the use of benzyl acetate and benzyl benzoate. Ureteral colic and excessive intestinal peristalsis have been found to yield to the tonus lowering action of these two drugs. Apparently satisfactory results from the use of benzyl benzoate in dysmenorrhea have recently been reported (*Jour. A. M. A.*, Sept. 6, 1919, p. 770).

**IODIN TINCTURES, WATER SOLUBLE.**—T. Sollmann has investigated the claim that certain proprietary iodine preparations are superior to the official tincture of iodine and to compound solution of iodine (Lugol's solution). The claim of superiority is based on the allegation that the potassium iodide in the official preparations causes local irritant action. Since the proprietary preparations have been shown to contain free hydrogen iodide, this claim seemed improbable to Sollmann, and he surmised that apparent decrease in irritant effects was due to a lower iodine content of the proprietaries, such as Burnham's Soluble Iodine and Sharpe and Dohme's Surgodine. From experiments which he conducted with the various iodine preparations, all diluted to the same iodine strength, Sollmann concludes: The presence of potassium iodide in the official tincture of iodine does not seem to render this preparation more irritant. On the contrary, it is somewhat less irritant to the skin and much less precipitant to protein than the simple alcoholic tincture or the secret and nonsecret "miscible tinctures." The more even spreading and the more rapid coagulation of proteins render the simple alcoholic solution of iodine probably the best for the "disinfection" of the skin, while the delayed protein precipitation of the U. S. P. tincture would probably render this somewhat superior for the disinfection of open wounds (*Jour. A. M. A.*, Sept. 20, 1919, p. 899).

**CASE'S RHEUMATIC SPECIFIC.**—More than five years ago *The Journal A. M. A.* exposed Case's Rheumatic Specific, the A. M. A. Chemical Laboratory showing that its essential drug was sodium salicylate. Now comes the United States Postoffice and interferes with Mr. Case's presumably lucrative quackery by denying him the use of the mails. In recommending the issu-

ance of a fraud order, the solicitor of the postoffice department declared: "Mr. Case, the respondent herein, is not a physician and has had little opportunity for study along medical lines. . . . He knows nothing of the effect of drugs and he is incompetent to prescribe their use. When he sells one form of treatment for all forms of rheumatism, irrespective of the superinducing cause or causes of the trouble, he well knows that it is mere guesswork on his part—a hit or miss chance of recovery, and when he calls such a treatment a 'Specific for Rheumatism,' and solemnly urges its use as a cure for practically all forms of rheumatism he knows that he is not acting in good faith, and his scheme for obtaining money through the mails by such means should be suppressed" (*Jour. A. M. A.*, Sept. 13, 1919, p. 852).

**THE LUCAS LABORATORY PRODUCTS.**—The products put out by the Lucas Laboratories, New York City, are for intravenous use, and the method of exploitation indicates that the concern is less interested in the science of therapeutics than in taking commercial advantage of the present fad for intravenous medication. The composition of the products is essentially secret, which in itself should be sufficient to deter physicians from using them. Even the hieroglyphics that used to be palmed off on the medical profession by nostrum exploiters under the guise of "graphic formulas" are outdone by the "formulas" of the Lucas Laboratories: "'Luvein' Arsans (Plain)" is said to be: "Di hypo sodio calcio phosphite hydroxy arseno mercuric iodide." The first part of this "formula" might stand for sodium and calcium hypophosphite. The remainder is meaningless except that it suggests (but does not insure) the presence of arsenic and mercury iodide. "'Luvein' Arsans, Nos. 1, 2 and 3."—"Meta hydroxy iodide sodio arsano mercuric dimethyl benzo sodio arsenate, ai oxy sodio tartaria sulpho disheuyil hydrazin." Who can venture even a conjecture as to the possible significance of this? The proposition offered to physicians by the Lucas Laboratories, Inc., is an insult to the intelligence of the medical profession. Physicians should heed the warning of the Council on Pharmacy and Chemistry that intravenous therapy should be employed only when most positively indicated. Further, because of the inherent danger of intravenous medications, physicians should use the products of firms of unquestioned scientific standing only (*Jour. A. M. A.*, Sept. 20, 1919, p. 927).

**CASE'S RHEUMATIC SPECIFIC.**—The postoffice authorities announce that the fraud order against Jesse A. Case has been revoked because Case has agreed to discontinue the sale of his Rheumatic Specific (*Jour. A. M. A.*, Sept. 20, 1919, p. 928).

**SECRET REMEDIES AND THE PRINCIPLES OF ETHICS.**—There are on the market today and used by members of the American Medical Association, dozens, yes scores, of widely advertised proprietaries that are, to all intents and purposes, secret. The physicians who prescribe them do not know and cannot know what they are giving their patients. On this point Section 6, Chapter II, of the Principles of Medical Ethics of the American Medical Association says: ". . . unethical to prescribe or dispense secret medicines or other secret remedial agents, or to manufacture or promote their use in any way." The inherent and basic reasonableness of the various requirements of the Principles of Medical Ethics needs no exposition or defense (*Jour. A. M. A.*, Sept. 27, 1919, p. 992).

**THE DIRECT SALES CO.**—The Direct Sales Co., Inc., Buffalo, sells its drugs to physicians by mail, and features a "profit-sharing rebate." The concern has guaranteed its products to be in accordance with the Food and Drugs Act, and to be equal, if not superior, to any on the market. One of the Quarterly Bulletins of the State Board of Health of New Hampshire, issued last year, announces that the following prep-

arations of the Direct Sales Company were found substandard: "Tablets salicylic acid, 5 grains (1.72 grains found); Tablets acetylsalicylic acid, 5 grains (2.31 grains found); Tablets acetanilid, 3 grains (1.88 grains found); Tablets codein sulphate,  $\frac{1}{4}$  grain (1/15 grain found); Tablets nux and pepsin No. 2, claiming pepsin 1 grain, extract nux vomica 1/10 grain (found to have a gross average weight per tablet of only 1.17 grains, 0.54 grain of which was represented by sugar and other medicinally inert material); Tablets Infant's Anodyne (Waugh) showed serious discrepancy from formula." Subsequently the Federal authorities examined the products of the Direct Sales Company, and Notice of Judgment No. 6193 describes cases of adulteration and misbranding of some of the drugs put out by the Direct Sales Company (*Jour. A. M. A.*, Sept. 27, 1919, p. 1001).

## BOOK REVIEWS

**INSTRUMENTAL ORTHOPEDIE.** By Gabriel Bidou, M.D., 40 rue La Fontaine, Paris.

In this book just published the author reveals a new and unusual method of recuperation for invalids which he calls, "Instrumental orthopedie," and discusses it as the art of adapting certain appliances to meet individual cases of cripples to replace the action of natural levers of the human frame. His method obeys the following principle: any alteration of the human status affecting the equilibrium involves the cooperation of the other levers of the human body, so if a cripple can normally move any part of his body spontaneously he will be able with the aid of certain appliances to control his movement into other movements which are lacking. After fully describing the details of his method the author closes with an explanation of the appreciable services which "instrumental orthopedie" can render to patients concerning the wearing of artificial limbs. This work is condensed in 100 pages, and according to statement is the result of considerable research and study. The book contains a number of photographs of patients supplied with this new method according to the rules of Instrumental Orthopedie.

**A MANUAL OF GYNECOLOGY.** By John Cooke Hirst, M.D., Associate in Gynecology, University of Pennsylvania; Obstetrician and Gynecologist to the Philadelphia General Hospital. 12mo of 466 pages, with 175 illustrations. Philadelphia and London: W. B. Saunders Company, 1918. Cloth, \$2.50 net.

In this manual the author has attempted to outline very briefly the salient points that come up in the practice of gynecology. He has succeeded in his idea of presenting his material "concisely, accurately and without unnecessary waste of space."

In his presentation of the subject of the endocrine glands in their relation to gynecology he is unduly brief and concise. This particular phase of the subject is assuming a magnitude of the first importance. The gynecologist who fails to see that, and who does not give this aspect of the subject the proper space and emphasis it ought to have, is rather shortsighted in his conception of his specialty.

This new work is not intended as a textbook, however, but as a manual in which brevity is one of the most important considerations. It should be used only with that idea in view, and when used in that way it will no doubt fill the needs of many a busy practitioner.



**A MANUAL OF DISEASES OF THE NOSE, THROAT AND EAR.** By E. B. Gleason, M.D., Professor of Otolaryngology in the Medico-Chirurgical College Graduate School, University of Pennsylvania. Fourth edition, thoroughly revised. 12mo of 616 pages, 212 illustrations. Philadelphia and London: W. B. Saunders Company, 1918. Cloth, \$3.00 net.

This is a book for general practitioners and beginners in laryngology and otology. It answers the purpose in a splendid manner. This new third edition has been carefully revised and all that seemed obsolete—or likely to become so—eliminated. It contains the advances that are necessary to bring the volume up to date. A commendable feature of the book is the author's tendency to conservatism in the treatment of all affections of the nose, throat and ear, and to deprecate the indiscriminate operative attention that has become so prevalent among so many specialists. We heartily commend the author for omitting the discussion of ossiculotomy to control deafness, and the word of caution advanced concerning radical operations on the mastoid and nasal accessory sinuses in view of the fact that the end-results are unsatisfactory, or, in other words, the cure worse than the disease.

The casual reader may be surprised that the Sluder method of performing tonsillectomies is not mentioned, but we believe the author has given sound reasons when he states that the Sluder operation is not the one of choice in most types of hypertrophied tonsils.

There has been some much needed alteration in the formulæ at the end of the book, and there has been some change in the illustrations, of which the book contains a large number.

**PROGRESSIVE MEDICINE.** Volume XXII, No. 3, September, 1919. Edited by Hobart Amory Hare, M.D., Professor of Therapeutics, Materia Medica and Diagnosis in the Jefferson Medical College. Assisted by Leighton F. Appleman, M.D., Instructor in Therapeutics, Jefferson Medical College. Philadelphia and New York: Lea and Febiger, Publishers. Paper, \$6 per annum.

The review of diseases of the thorax and its viscera, including the heart, lungs and blood vessels, is given by Ewart. It embraces some sixty odd pages, and in it is given in rather fascinating style whatever new has developed during the year in this special field.

Gottheil reviews the subject of dermatology and syphilis. His review is very brief, comprising just a dozen pages. It is to be regretted that this is so, but evidently the reviewer had no more to say.

Obstetrics is again reviewed by Edward P. Davis. This is a very comprehensive review, much over 100 pages, and it ought to be of considerable interest to every one interested in this specialty.

Spiller again reviews diseases of the nervous system. As usual, this review is very instructive, indeed.

**SEX AND SEX WORSHIP (Phallic Worship).** A scientific treatise on sex, its nature and function, and its influence on Art, Science, Architecture and Religion—with special reference to Sex Worship and Symbolism. By O. A. Woll, M.D., Ph.G., Ph.M., author of "Handbook of Pharmacy," "The Prescription," "Elementary Lessons in Latin," etc. Three hundred seventy-two illustrations. Cloth, \$7.50. St. Louis: C. V. Mosby Company, 1919.

This work is the result of a request made to the author that he publish his studies on this subject.

There can be no question as to the great general interest in the subject of sex in its bearing on health and disease. Medical experience has fully demonstrated that the sexual function is often of very great significance and importance in causing abnormal mental or nervous states. Hence the interest shown by the profession in this subject has been growing. But whether sex in its relation to sex worship can have the same general interest among the profession is, indeed, open to question. Probably not very many of us are sufficiently interested in this aspect of sex to go into it quite as fully as the author does in this new book.

Those who are sufficiently interested in a subject of this kind will find this work a masterly exposition by a scholar who has delved deep in the mysteries of this study. In simple language and fascinating style he presents a mass of information which the layman ought to find of rare interest, but much of which the progressive physician already knows.

Too much cannot be said in praise of the illustrations, almost everywhere in the book one finds them, 372 in a book of 600 pages. It is not only the large number but the excellency of these illustrations that makes this volume one of real merit. They have been well selected and are not only admirable from the standpoint of the artistic, but very instructive as well.

**HYGIENE AND PUBLIC HEALTH.** By George M. Price, M.D., Director Joint Board of Sanitary Control; author of "A Handbook of Sanitation," etc. Second edition. Thoroughly revised. Cloth, \$1.50. Lea & Febiger, Philadelphia and New York, 1919.

In this volume is given an epitome of this broad subject. It is a small manual, in which the subject is condensed down to a mere résumé of some of the important points bearing on this subject. The author admits that "the work of epitomization is especially difficult," but he has succeeded quite well in his purpose. Such a work no doubt has a limited field of usefulness, thereby serving a useful purpose to a certain extent.

**A TEXTBOOK OF MATERIA MEDICA FOR NURSES.** By A. L. Muirhead, M.D., Professor of Pharmacology, Creighton Medical College, Omaha, Neb. Illustrated. Cloth, \$1.50. St. Louis: C. V. Mosby Company, 1919.

This little book is rather more of a manual than a textbook. The information contained therein is imparted in a very brief, concise manner, and in language which can be easily grasped by the pupil nurse. At some time during their course of study pupil nurses really need such a manual, and to them this new book can be recommended.

**TRAINING SCHOOL METHODS FOR INSTITUTIONAL NURSES.** By Charlotte A. Aikens, formerly Director of Sibley Memorial Hospital, Washington, D. C., formerly Superintendent of Iowa Methodist Hospital, Des Moines, and of Columbia Hospital, Pittsburgh; Author of "Hospital Management," "Studies in Ethics for Nurses," etc. 12mo of 337 pages. Philadelphia and London: W. B. Saunders Company, 1919. Cloth, \$2.25 net.

This new book is intended for those who have to do with the teaching and training of nurses. Since there has been so little written on this phase of nursing this new volume ought to be a rather important contribution. Such a work really has been needed, and now this book fills this need quite admirably.

(Concluded on adv. page xviii)



*Our advantages make us headquarters  
for the organo-therapeutic products*

## Doctors Should Specify

In a paper on Corpus Luteum in the New York Medical Journal, Dr. Sajous states:

"The two most important prerequisites to success in the use of the drug appear to be:

"1. The selection of a preparation made exclusively from the corpora lutea of pregnant animals, and

"2. Due attention to the fact that the action of the drug is frequently slow in asserting itself and that the drug should be given up only when thorough trial has demonstrated its lack of efficiency."

### Pituitary Liquid—

is physiologically standardized and is free from preservatives.

1 c. c. ampoules, boxes of six.  
Thromboplastin solution, 25 c. c. vials.

### Thyroids—

Standardized Powder; Tablets, 2 gr., 1 gr., ½ gr., ¼ gr.

### Parathyroids—

Powder and Tablets, 1-20 grain.

### Pituitary, Anterior—

Powder and Tablets, 2 grain.

### Pituitary, Posterior—

Powder and Tablets, 1-10 grain.

Corpus Luteum (Armour) is made from true substance. The glands are gathered in our abattoirs and we know what we are using.

Corpus Luteum (Armour) is supplied in 2-grain capsules, bottles of 50; 5-grain capsules, bottles of 50; 2-grain tablets, bottles of 100.

Specify *Armour's* and you will get the best the market affords.

**ARMOUR AND COMPANY**  
CHICAGO



*"It is not so much where one takes the treatment, as how he takes it."—Brehmer.*

## The Rockhill Sanatorium for the Treatment of Tuberculosis

Beautifully situated on Indian Hill, ten miles from the center of the city

A modern home-like institution with every convenience where the cardinal points of the treatment—rest, fresh air, nutritious food, and peace of mind can be had. Write for booklet.

Artificial Pneumothorax and Tuberculin  
given in suitable cases

City Office 910 Union Central Bldg., CINCINNATI, OHIO

DR. C. S. ROCKHILL  
Medical Director

## 7 Points—!!!!!!!

- 1—Standardized Drugs
- 2—Light Laboratories
- 3—Clean Apparatus
- 4—Expert Chemists
- 5—Practical Pharmacists
- 6—Constant Supervision
- 7—Long Experience

These 7 points—each point keen—  
make up the 59-year-old warp and  
woof of our products—QUALITY  
PRODUCTS

SHARP & DOHME



(Continued from page 286)

This author already is extensively known by her other books and writings for the nursing profession. She has already become a recognized authority on matters pertaining to this profession. What she has to say in this new book should, therefore, prove to be of great value to those for whom it was intended.

**PATHOLOGICAL TECHNIQUE.** A Practical Manual for Workers in Pathologic Histology and Bacteriology. Including Directions for the Performance of Autopsies and for Clinical Diagnosis by Laboratory Methods. By F. B. Mallory, M.D., Associate Professor of Pathology, Harvard Medical School, and J. B. Wright, M.D., Pathologist to the Massachusetts General Hospital. Seventh edition, revised and enlarged. Octavo of 555 pages, with 181 illustrations. Philadelphia and London: W. B. Saunders Company, 1918. Cloth, \$3.75.

As we have had occasion to say before, this is an excellent manual for workers in pathological histology and bacteriology, and the popularity of the book is attested by the fact that there have been numerous editions during a very few years. The present edition represents some rearrangement of the text and many additions due to advancing knowledge of the subjects considered. There also have been certain revisions which seemed indicated. The chapter giving directions for the performance of autopsies is one of the valuable features of the book.

**1918 COLLECTED PAPERS OF THE MAYO CLINIC,** Rochester Minn. Octavo of 1196 pages, 442 illustrations. Philadelphia and London: W. B. Saunders Company, 1919. Cloth, \$8.50 net.

A very large number of the physicians throughout this country wait with great eagerness for the yearly appearance of this volume. Already they have found out that each succeeding volume is better and contains more than its predecessor. This is, indeed, again true this year. In this volume, Number X, there is a wealth of information along many branches of medicine available to anyone who seeks it. To attempt to give in detail the abundance of important clinical and pathological material contained here would be too great an undertaking, and even if complete would hardly convey a correct idea of the true value and importance of this work. If the practicing physician could realize how great a loss it would be to him not to have this book, most assuredly he would not want to be without it.

**PRACTICAL MEDICINE SERIES FOR 1919.** Volume II, General Surgery. Edited by A. J. Ochsner, M.D., F.R.M.S., LL.D., F.A.C.S., Major, M. R. C., U. S. Army, Chief Surgeon Augustana and St. Mary's of Nazareth Hospitals, Professor of Surgery in the Medical Department of the State University of Illinois. Cloth, \$2.50. Price of the series of eight volumes, \$10. The Year Book Publishers, 304 South Dearborn Street, Chicago.

Here is given a full review of the progress made in surgery during the past year. It is unusually rich in material brought out by the able surgeons operating with the allied armies during the great war. Because it contains so much of war surgery, together with a great deal of reconstruction surgery, this volume ought to be of special interest and importance to practically every practicing physician.

## SUCCESSFULLY PRESCRIBED OVER ONE-THIRD CENTURY

# “Horlick’s”

The **STANDARD** product, assuring the most  
reliable results from the use of Malted Milk

Imitators cannot reproduce our Original process and consequently lack the distinctive quality and flavor of the Genuine “Horlick’s”

*For information concerning medical and surgical  
uses, and for prepaid samples, write—*

**Horlick’s Malted Milk Co.**  
RACINE, WIS.

PURITYPOTENCYTRUSTWORTHINESS

Characterize

# SQUIBB'S BIOLOGICALS

as well as all Squibb Pharmaceuticals and Chemicals. Of special clinical use at this season are

## TYPHOID VACCINE (PLAIN OR COMBINED)

## TETANUS ANTITOXIN (IF USED EARLY)

Should be kept on hand ready for immediate use

## ANTI-MENINGITIC SERUM (POLYVALENT)

Equally balanced against all types of Meningococci

## DIPHTHERIA ANTITOXIN (GLOBULIN)

Both Diphtheria Antitoxin Squibb and Tetanus Antitoxin Squibb are small in bulk for the number of units

## THROMBOPLASTIN (CONTAINS KEPHALIN IN FULL AMOUNT)

For local use and for use Hypodermically. Either produces Physiological Clotting without danger of Thrombosis or of Embolism. In ordering specify which is desired.

## LEUCOCYTE EXTRACT (STERILE EXTRACT OF HEALTHY LEUCOCYTES). Increases Leucocytosis and Phagocytosis

Full Directions with Each Package.  
Complete Literature on Request.



## E. R. SQUIBB & SONS

Manufacturing Chemists to the Medical Profession since 1858  
80 Beekman St. . . . . NEW YORK

CHICAGO, ILL.

NEW BRUNSWICK, N. J.  
KANSAS CITY, MO.

SAN FRANCISCO, CAL.



# THE HOUSE WITH A POLICY

## 5. *Therapeutic Efficiency.*

NEW medicinal products in large numbers are brought every year to the attention of physicians. A few of them are of decided value. Many of them are worthless. How is the physician to separate the sheep from the goats? How is he to know what dependence he may place upon a given product?

Realizing the great responsibility which rested upon us, we began in 1902 the organization of a Staff of Medical Co-workers. What does this Staff mean at the present time?

It means that 2400 physicians in the United States are co-operating with us daily in testing out new products. In this group are to be found many of the ablest specialists and general practitioners in the medical profession of America.

A new chemical synthetic, biological product, glandular agent, or pharmaceutical preparation, developed in our research laboratory, is first subjected to thorough animal experimentation, and then we turn the product and the laboratory data over to one group or another of these skilled men. The product is tried out thoroughly at the bedside and in the hospital, and sometimes two or three years of exhaustive experimentation is conducted before we

attempt to say whether or not it has justified itself.

These physicians co-operate with us in the interest of medical science. They are not paid for their work, and their names are never used. Our relationship with them is one of supreme confidence on both sides.

If this expert jury decides that a product is valueless, that product is promptly discarded, even though thousands of dollars and years of time may have been spent in its development. If, on the other hand, it is found to be one of great usefulness, then we are prepared to go before the medical profession feeling that we have something which we can offer with every confidence in its therapeutic efficiency.

For many years, therefore, Parke, Davis & Company have never offered a product to the physicians of the world until it has been first subjected to the most grilling tests. Physicians may be sure not only that it has been standardized, not only that it has been made to conform to the highest possible degree of quality, and that the utmost of science has been utilized in its manufacture, but also that its therapeutic value has been demonstrated beyond any question of doubt.

## PARKE, DAVIS & COMPANY

# THE JOURNAL

OF THE

## Indiana State Medical Association

Owned, Published and Controlled by the Indiana State Medical Association

ISSUED MONTHLY under the Direction of the Council

VOLUME XII  
NUMBER 11

FORT WAYNE, IND., NOVEMBER 15, 1919

PER YEAR \$1.50  
SINGLE COPY 20 CENTS

### CONTENTS

ORIGINAL ARTICLES		PAGE	SOCIETY PROCEEDINGS		PAGE
Active Mobilization in Joint Conditions.	E. B. Mumford, M.D., Indianapolis	287	Indianapolis Medical Society		318
Meningococcus Cerebrospinal Meningitis.	John A. MacDonald, Indianapolis	291	Eighth District		318
Blood Sugar Tolerance in Cancer.	Scott Edwards, M.D., Indianapolis	296	Eleventh District		318
			Montgomery County		319
EDITORIALS			MISCELLANEOUS		
Concerning Superheroes		299	Deaths		305
Division of Fees		299	News Notes and Personals		306
Reporting Venereal Diseases		300	Constitution and By-Laws of the Indiana State Medical Association		311
Postsurgical Risks		300	The Truth about Medicines		319
Medical Society Slackers		301	Book Reviews		320
The Present Social and Industrial Unrest		302			
Editorial Notes		303			

NEXT ANNUAL SESSION, INDIANAPOLIS, SEPT. 24, 25, 26, 1919.

LIST OF OFFICERS AND COMMITTEES ON ADV. PAGE 2.

ENTERED AS SECOND CLASS MATTER, JANUARY 20, 1908, AT THE POSTOFFICE AT FORT WAYNE, INDIANA, UNDER ACT OF CONGRESS OF MARCH 3, 1879. ACCEPTED FOR MAILING AT SPECIAL RATE OF POSTAGE PROVIDED FOR IN SECTION 1103, ACT OF OCTOBER 3, 1917, AUTHORIZED OCTOBER 18, 1918.

## *A New Work*

### EXPERIMENTAL PHARMACOLOGY

By HUGH McGUIGAN, Ph.D., M.D.

Professor of Pharmacology, University of Illinois, College of Medicine, Chicago

*Octavo, 251 pages with 56 engravings and 7 colored plates (mostly original). Cloth \$2.75 net*

THIS manual presents experimental pharmacology in a brief, concise form but gives an adequate view of the field. It follows and illustrates the most important part of the text-book work. Sufficient experiments are given to demonstrate the chief actions of each drug. The introduction discusses Mode of Pharmacological Action, Results of Drug Action, Chemical Composition, Conditions Modifying Effects of Drugs, Technic, Anesthesia, Insufflation, etc. There are chapters on Administering Drugs; Antiseptics and Disinfectants; Closed Method of Anesthesia; Action of Strychnin, Picrotoxin and Curara on Central Nervous System; Paralysis of Motor Nerve Endings; Autonomic System and Autonomic Drugs; Antagonism; Antipyretics; General Protoplasm Poisons; and on PHARMACOLOGY of—Gastro-Intestinal Tract—of Cranial Nerves—of Heart and Blood Pressure—of Sensory Nerve Ends—the Eye—the Glands—the Kidneys—Sweat Glands—Liver, Mammary Glands, Uterus and Bladder—the Muscles—the Lymphatics—of the Blood, etc.

*Have You a Copy of Our Catalogue?*

PHILADELPHIA  
706-710 Sansom Street

LEA & FEBIGER

NEW YORK  
2 West 5th Street



# THE INDIANA STATE MEDICAL ASSOCIATION

Next Annual Session, South Bend, September 22, 23 and 24, 1920

## OFFICERS AND COMMITTEES FOR 1920

President .....	CHARLES H. McCULLY, Logansport	Executive Secretary .....	FREDERICK E. SCHORTEMEIER
1st Vice President .....	BUDD VAN SWERINGEN, Fort Wayne	Acting Executive Secretary .....	F. E. RASCHIG, 314 Hume-Mansur Bldg., Indianapolis
2d Vice President .....	SAMUEL HOLLIS, Hartford City, Ind.		
3d Vice President .....	CHARLES STOLTZ, South Bend		
Secretary-Treasurer .....	CHAS. N. COMBS, Terre Haute		

## SECTION OFFICERS

Surgical Section—Chairman, James Y. Welborn, Evansville; Vice Chairman, M. R. Combs, Terre Haute; Secretary, H. O. Shafer, Rochester.	
Medical Section—Chairman, Charles P. Emerson, Indianapolis; Vice Chairman, B. S. Hunt, Winchester; Secretary, Jane Ketcham, Indianapolis.	
Eye, Ear, Nose and Throat Section—Chairman, John R. Newcomb, Indianapolis; Secretary, E. M. Shanklin, Hammond.	

## DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION

For one year (term expires December 31, 1920), Joseph Rilus Eastman, Indianapolis. Alternate, Miles F. Porter, Fort Wayne. For two years (term expires December 31, 1921), Albert E. Bulson, Jr., Fort Wayne; George W. Spohn, Elkhart. Alternates, C. D. Humes, Indianapolis; B. D. Myers, Bloomington.

## COUNCILORS

Chairman, G. W. H. Kemper, Muncie.

DISTRICT	TERM EXPIRES	DISTRICT	TERM EXPIRES
1st—J. Y. Welborn, Evansville.....	December 31, 1920	7th—T. B. Eastman, Indianapolis.....	December 31, 1920
2d—J. B. Maple, Sullivan .....	December 31, 1921	8th—G. W. H. Kemper, Muncie.....	December 31, 1921
3d—Walter Leach, New Albany.....	December 31, 1922	9th—William R. Moffitt, Lafayette.....	December 31, 1922
4th—A. G. Osterman, Seymour.....	December 31, 1920	10th—E. M. Shanklin, Hammond.....	December 31, 1920
5th—Spencer M. Rice, Terre Haute.....	December 31, 1921	11th—G. G. Eckhart, Marion.....	December 31, 1921
6th—T. S. Spilman, Connersville.....	December 31, 1922	12th—E. E. Morgan, Fort Wayne.....	December 31, 1922
		13th—H. M. Miller, South Bend.....	December 31, 1920

## COMMITTEES

COMMITTEE ON ADMINISTRATION AND MEDICAL DEFENSE—Permanent Members, President (Charles H. McCully, Logansport), and Editor and Manager THE JOURNAL, Albert E. Bulson, Jr., Fort Wayne; E. M. Shanklin, Hammond (term expires December 31, 1921); Frank B. Wynn, Indianapolis (term expires December 31, 1920); George R. Daniels, Marion (term expires December 31, 1922).	COMMITTEE ON PUBLICATION—The Council and A. E. Bulson, Jr., Fort Wayne. (Balance of Committees will be announced in a later issue.)
---	--

# FREE

Sterile  
Specimen  
Containers  
Slides  
Culture  
Media and  
Complete  
Fee Table  
on request

Write or  
Wire

# Clinical Laboratory Analyses

The kind of clinical laboratory work that commands respect

Wassermann and other complement fixation tests ...	\$5.00	Autogenous Vaccines. In single vials or ampules ..	\$5.00
Lange Colloidal Gold test of Spinal fluid .....	\$5.00	Tissue Diagnoses. Frozen section, paraffin or celloidin	\$5.00

ABDERHALDEN PREGNANCY and other  
Abderhalden reactions.....\$5.00

MILK, FOOD, SANITARY AND TOXOLOGICAL INVESTIGATIONS

Accurate Analyses of All Secretions, Excretions and Body Fluids

ESTABLISHED BY  
DR. M. HERZOG  
DR. H. C. SWEANY  
DR. MEYER D.  
MOLEDEZKY  
DIRECTOR

*Laboratory of*  
**PATHOLOGY AND BACTERIOLOGY**  
THE MOST MODERN EQUIPPED LABORATORIES IN THE U.S.

1130 MARSHALL FIELD ANNEX—25 E. WASHINGTON ST.

PHONE  
RANDOLPH  
6552-6553  
CHICAGO  
ILL.

# THE JOURNAL

OF THE

## INDIANA STATE MEDICAL ASSOCIATION

DEVOTED TO THE INTERESTS OF THE MEDICAL PROFESSION OF INDIANA

ISSUED MONTHLY under Direction of the Council

ALBERT E. BULSON, Jr., B.S., M.D., Editor and Manager

OFFICE OF PUBLICATION: 406 West Berry Street, FORT WAYNE, INDIANA

VOLUME XII

FORT WAYNE, IND., NOVEMBER 15, 1919

NUMBER 11

### ORIGINAL ARTICLES

#### ACTIVE MOBILIZATION IN JOINT CONDITIONS \*

E. B. MUMFORD, M.D.

Visiting Orthopedic Surgeon and Chief of Fracture Service  
City Hospital

INDIANAPOLIS

In the new chapter of joint surgery, a chapter which must be re-written in all surgical treatises, the name of the Belgian surgeon, Willems, will stand out most prominently, for his conception of the treatment of surgical joints was one of the greatest developments in the surgical side of the war. The principles of his treatment of joint conditions are so radical as compared with the orthodox teachings that only those who have been so fortunate as to have seen the end results obtained in those cases treated accordingly can receive his ideas without a considerable amount of skepticism.

In the past the basis of the treatment of surgical joints has been in practically all conditions immobilization, hot applications and later passive motion and massage. These principles have been dogmatic. The end results have not always been the best, for in purulent infections of the joints the surgeon could foresee only loss of motion in the joint, amputation of the extremity or death of the patient, while the intra-articular fractures always had the possibilities of a partial or complete anklosis. The opening of a joint was undertaken with a dread, not of the surgical difficulties but of the possible infection with its tragic end result.

Prior to the war Willems had attained by his method of treatment good results in the simple non-infected traumatic effusions of the knee, such as hemarthroses and hydroarthroses. The

great variety of wounds presented through the war gave him wonderful opportunities to extend his treatment to the more severe joint lesions and to prove the soundness of his theories. The greatest privilege I had while serving with the A. E. F. was a detached service carrying me to the Belgian hospitals of DePage at LaPanne and of Willems at Hooagstate to observe the Willems method of joint surgery and treatment. To have seen men, whose purulent knee joints had been drained through double arthrotomy wounds, walking about the wards with the wounds healed and almost perfect function in the joint, was the most striking observation of my war experience.

The key note of Willems treatment of joint conditions is immediate, continuous, active mobilization. This phrase can be translated in an absolutely literal sense. By immediate mobilization is meant that the joint shall be moved as soon as the patient has awakened from the anesthesia. By continuous mobilization is meant that the joint shall be moved as often through the day as the power of the muscles will permit (and even in the night the patient may be awakened to take his exercise). By active mobilization is meant that all motions must be made by the muscles controlling the movements of that particular joint; that neither the surgeon nor the nurse nor the patient shall in any way give passive motion. What a swing of the pendulum from the teachings of long rest in splints and plaster casts, of passive motions and massage and of prolonged baking and hot applications!

The method may be presented best by giving a detailed description of the treatment of a particular joint condition and for that purpose a purulent arthritis of the knee joint will be used. The same principles will apply to other joints and to other joint conditions and the modifications in the different types will readily suggest themselves to the surgeon.

\* Read before the Indiana State Medical Association at the Indianapolis Session, September, 1919.



The knee is prepared as in a clean case, the author preferring the iodine method of preparation. If the infection has been occasioned from without and the wound of entrance is small, the tract is located by a probe that it may be carefully excised later. A free longitudinal incision is made, care being used to cut as little of the lateral ligaments as possible. For a single arthrotomy the outside of the joint is preferred. A double arthrotomy may be required but the U-shaped incision involving the patellar ligament will rarely if ever be necessary. If there is a question of foreign material being present in the joint a thorough irrigation with normal saline followed by ether should be made. If this is not a factor then irrigation of the joint is not indicated. Drains into or to the joint are not used. The dressing consists of plain sterile gauze. Inasmuch as the joint will be moved frequently the dressing should be large and so arranged as to give freedom of motion at the joint level. The dressing is replaced as it becomes soiled, depending on the amount of drainage.

As soon as the patient has awakened from the anesthesia the active mobilization is begun. It is at this time and during the next two days that the most important phase of the treatment is developed and it will require the utmost patience of the surgeon and of the nurse. It is absolutely necessary to gain the cooperation of the patient and to develop his confidence in himself for without these factors one can expect only the same results as under the old method of immobilization. From this point on the success of the treatment depends upon the patient. At first he will naturally feel that it is not only impossible for him to move the knee but that if he does so that it will be extremely painful. Begin by having him understand that no one will at any time move the joint and that he will always have full control of the situation. With his hand under the thigh have him gently bend the knee a few degrees, leaving the heel rest on the bed. This will demonstrate to him that the knee can be moved and that it is not as painful as he expected and that the pain can be borne by him. After a few movements of this character have him lift the entire leg straight in the air, holding the knee fixed and flexing the thigh on the abdomen. Then have him let the knee flex through gravity a few degrees to be brought back into a straight line by the action of the extensor group of the thigh muscles. At first these movements will be very slight as he has not confidence in his own muscle power and also on account of the pain. This

pain however is not the severe pain that characterizes an acutely inflamed joint nor that which is caused by passive motions in trying to break up adhesions. At the end of twenty-four to forty-eight hours the pain is a negative factor and by constant urging the patient will soon increase the range of motion in the joint. At the end of a week the patient may be allowed to take a few steps about the room each day and there is nothing more striking than to see a patient walking about with pus running from the knee joint down the leg. In some cases the pus may be expelled from the joint in spurts. This active mobilization is continued until the arthrotomy wounds are completely healed and the patient is in a condition to walk to his home without the aid of crutches or a cane.

In Willems' clinic the patient was urged to move the joint at very frequent intervals during the day, the amount of motion being limited only by the muscle power. The patient should be fatigued by night. In DePage's clinic a two hour schedule was maintained both day and night.

Fever is not a contra-indication of active mobilization. The temperature may remain elevated for several days, depending upon the amount of absorption that has taken place and upon the amount of necrotic tissue that remains. Should the temperature rise or remain elevated for any length of time a careful search for pocketing of pus should be made and if necessary the adequate drainage given. Especial attention should be paid to the pocketing in the popliteal space and to the extension of the pus up the thigh along the fascial planes. The latter may occur with but few symptoms and with but slight change in the temperature.

In other joint conditions the treatment varies according to the condition present. In simple effusions the joint should be aspirated and immediate active mobilization instituted. If blood is found it is very essential to begin the mobilization at once as the organization of the fibrin with the formation of adhesions takes place very rapidly.

In intra-articular fractures the same principles of treatment can be followed, providing the movements do not disturb the position of the fragments of the bone. In the latter case it will be necessary to use some form of fixation and immobilization but the active mobilization should be started at a much earlier date than has been the practice in the past. If the fracture is comminuted or the fragment very small and displaced into the joint an open operation is advised for the removal of the fragment so that active mobilization can be started at once.

In all compound wounds of the joint, the joint capsule, after careful cleansing of the joint cavity, should be closed tightly with cat gut sutures and the skin can either be closed or left open. It has been fully demonstrated that the joint can take care of bacterial contamination as well as can the peritoneum and that the great danger of joint infection is not from the operation per se but from the later infection through a capsule which has not been closed tightly.

The treatment as outlined by Willems is no doubt most radical as compared with our former conception of the handling of such cases. Previously the infected joint, especially the knee, gave a poor prognosis for function, meaning either a considerable loss of motion, or amputation or death. That it would be possible to produce almost perfect function in a purulent joint was inconceivable under the old method of long fixation and the later painful passive motions. Not only did fixation favor bony ankylosis and periarticular adhesions but also produced a most marked atrophy of the muscles and a retrogressive change in the higher specialized tissues of the joint. Drainage was dependent entirely on large incisions and frequent irrigations. Pocketing of pus was favored by gravity unless a through and through drainage was made involving the popliteal space with its important vessels and nerves.

With active mobilization adhesions are prevented to the highest degree. It is very interesting to watch the open joint being moved and see the tearing through of the fibrous adhesions which had been formed in the interval of rest. The active exercise of the muscles prevents their atrophy in a way that cannot be equaled by passive motions and massage and baking. The tissues of the joint and of the muscles also retain their specialization and do not undergo the retrogressive changes which come with disuse. Drainage is favored by the joint action as the cavity of the joint and of the pockets of pus are constantly changed. Absorption is thus lessened and the general condition of the patient is improved. The absence of painful dressings and of passive motions is also a great factor in the general condition of the patient.

408 Hume Mansur Building.

#### DISCUSSION

DR. WILLIAM R. DAVIDSON, Evansville: I think Doctor Mumford has not expressed well the feeling of surprise that one has when first he sees this principle applied. Orthopedic work has come into a new field since the developments

of the war. We have in former years seen cases of knee joint and elbow joint infection go on through the stages of immobilization, ankylosis and very frequently death, and now to see one of these patients with a temperature of 103, get off the table and walk away seems an upheaval of all surgical principles; and yet the end results have certainly shown that this principle is built on a good foundation.

I do not think that we can realize fully to what extent this is going to influence our ideas of mobilization in general. If it applies to one joint, then why not to all—even to abdominal work in which there is pus?

The first case I saw was one like we have in civil practice. A man had fallen from a motorcycle, sustaining a penetrating injury to the knee. He had a very slight temperature, so slight that it was not thought dangerous. In two or three days he had an enormously distended knee and was brought into our base from a town a few miles away. This principle was applied by a ward surgeon who had received instruction in mobilization. He used Dakin's solution for a few days on account of the virulence of the infection, but at the same time he was practicing active mobilization. I was much interested to see how the patient would stand it. It seemed impossible that even a slight adhesion could be broken, the patient screaming with pain, and in two or three hours this man be able to move himself, finally leaving at the end of several weeks with a perfect joint. I have not seen any definite reason why this should be so successful, or just what principle is back of it, but it certainly is something we will have to practice in our everyday work, because we are meeting there the class of men who will be handicapped in their civil life, and I do not know of anything that is more discouraging to a man than to have something of this kind happen that will prevent him from doing his usual work.

I think Doctor Mumford might bring out a little more clearly the method of cleansing these joints, and also of forcing the patient to use the joint. And there this point comes up. The class of men dealt with in the war are different from those we deal with in civil life, and on that account I wonder whether we will be able to apply this as effectively, because the men with whom we deal at home certainly have not the physical resistance of the men in the field.

The old idea of inserting a drainage tube, which predisposes to infection and to immobilization, goes into the discard with other things we are now trying to avoid.

With reference to the treatment of simple fractures, that I believe might be simplified by stating a little more clearly that this can be done only with the use of the X-ray. I have seen fractures without any infection and with appar-



ently slight displacement, and yet there would be a stiff arm because of displacement of a fragment. So in making the statement that it can be done I believe the doctor should qualify that by stating that it should be done only with the continuous use of the X-ray until we are certain that the fragments have been fixed permanently.

This is one of the most valuable papers we have had because it has brought up such a radical principle, one which bears a great deal of study, and while I do not wish to discourage its application, I do believe it should be done only after considerable study on the part of the men who will put it into practice, because if for some reason bad results should be obtained the principle itself would be blamed and the practice fall into disrepute, as so many have done before.

On the whole, I think Doctor Mumford should be congratulated on bringing this to the attention of the profession in this State.

DR. EDMUND D. CLARK, Indianapolis: I have had no personal experience with this treatment, but I have had the privilege of seeing quite a number of cases treated in this manner. In my judgment it is the first time we have used rational treatment for infected joints. The idea is to get rid of pus and prevent adhesions, and this treatment does that very thing. That it does it I can testify because I have seen Doctor Mumford's cases in Base Hospital No. 32, and he had a large number of them. I also had the privilege of seeing in Tuffier's hospital in Paris a large number of such cases and their results were all that could be asked for. I believe the treatment of such joints by incision, drainage and immobilization will give great limitation of motion, and it has been my experience that if the joint is once limited in motion, even by simple fibrous adhesions, it never can be restored to its normal function.

I know of no other way in which a joint can be drained as perfectly. You cannot get into all the folds and pockets of the capsule of the joint, but by the normal motion of the joint you make compression on all parts of this membrane and it will drain as nearly perfect as it can be done. I want to heartily commend this method of treatment.

DR. GEORGE D. MARSHALL, Kokomo: There are always new ideas coming up in connection with surgical problems, and many of these things I think should be taken with a lot of consideration. I never saw any of Willems' work, but I did have the good fortune to see a great number of cases at the British reconstruction hospitals. There are a few things stated in the paper that seem to be quite different from the results obtained in England by the application of this method. The painless manipulation of an infected joint was something I did not see

over there. They did complain. As a matter of fact, Sir Robert Jones gives as an axiom that any joint that is free from pain on full movement will be free from inflammation; that any inflammation means pain. I saw some examples of the manipulation of joints that were very pathetic. There was a major in the British army who was a patient at Alderhey when I was there. He had a simple fracture, and had been treated by a London surgeon. A manipulator there decided he could make a little better joint and he started in. The man had had a fracture of one femur near the knee. At Alderhey he had a stiff knee and both hips were ankylosed; he could not make any movement of the hips at all. They did an osteotomy on the femur and then he had movement of one leg.

The idea of having the patients manipulate these joints was taken up at Seale Hayne. I do not know how painless it was, but the instructions were given by teams and in relays. Many of these patients before they were able to make the movement would have to be told over and over again by the relays, and many would break out in profuse perspiration. It took sometimes an hour and sometimes twenty-four hours, necessitating several relays to convince them that they would not be hurt.

The idea of early manipulation of joints was taken up at Shepherd's Bush by Dr. Menell. He held that very good judgment was necessary as to when to start this manipulation, because they found in those wounds associated with joints that had pus, that the pus followed the line of least resistance under massage movements just the same as it always did. I have seen joints that were opened by a missile, the wound cleaned and sutured up, and they evidently got rid of the infection for the results were good. At Edmonton they claimed they did not have any infection, but of course the chief surgeon was able to select his cases and he did not report any that did not show up well. That is not confined to military practice, however. By visiting the massage departments where these men come in you get an entirely different vision of the effect of treatment. Even with ice tongs they do get edema about the knee.

Another feature about the movement of these joints is, what the men will be able to do a few years later. You may have a movable joint, and sometimes it is a great nuisance. This is particularly true in the knee. A painful, unstable knee is certainly worse than a stiff one. I think it would be a good idea for Willems to thrash this out before we put it into practice with private patients.

DR. H. O. BRUGGEMAN, Fort Wayne: I have had a fairly large experience in the Willems treatment of joints and I want to endorse everything the essayist has said. In June, 1918, I

was not acquainted with the Willems treatment, and I have a good many stiff knees to my credit that I would not have had had I been familiar with this method.

There are two things to remember about this treatment. First of all, its application to the uninfected joint. Every joint injury should be given mobilization as soon as the patient recovers from the anesthetic, it does not make any difference what joint, the patient must be made to move it. This treatment is not the massage treatment the English talk about; it is active motion. In the last 46 knee joints in Evacuation Hospital No. 8 we did not have a single patient leave with a stiff knee, except in two instances which were complicated with gas gangrene of the soft parts. No one can present records of that kind by the old method of immobilizing the injured joint. You take a knee joint with a penetrating injury with considerable pus. You do an arthrotomy and clean out the blood and remove the foreign bodies and put the patient back to bed, then you make him move that joint ten minutes each hour during the day, and wake him four times during the night. In 90 per cent. of cases the patient will leave the hospital with a movable knee.

When it comes to infected joints, do not think that any man can move a severely infected knee joint without pain. But what if it does pain? It pains if you immobilize it, and in 90 per cent. of cases he gets a stiff joint or loses his life.

There is one thing to emphasize in making this arthrotomy when you wish to have the patient employ mobilization. If you have a knee with severe injury extend your incision high up to the bursa under the quadriceps.

By the time the patients go to England or back to the Base hospital it was too late to carry out this Willems method. If you are going to use this method you must have the patient within twenty-four or forty-eight hours of the injury. Otherwise, do not try this method and then say the Willems treatment failed.

Unfortunately, this method is not very successful in anything but elbow and knee joints. If you have an infected ankle joint the best thing to do is to put in Dakin's tubes and get a stiff joint. In hip joints I have never been able to use this Willems method.

One doctor spoke about the future of these joints. You can always stiffen a joint, but nobody can get good mobilization of a joint once it is stiffened.

DR. FREDERICK A. TUCKER, Noblesville: I want to thank Doctor Mumford for giving us this information in Indiana.

Doctor Bruggeman has well said that the early application of this treatment is important. It should be used as soon as possible after the injury, not on the late cases. Systematic, persistent, active motion of infected knee, and other

joints will prevent adhesions and impaired function of the joints.

DR. E. B. MUMFORD, Indianapolis: I tried to present a concise paper, not going into the details of the different types of joints. It is a big subject and there are many points that were left untouched, but I did want to present to you the new conception of the treatment of joints, and that is active mobilization.

Doctor Bruggeman said the best results were obtained at the knee and elbow. Doctor Chutro of Paris, who probably is the best joint surgeon developed by the war, and who saw practically all the French soldiers at the end of four years, said the same thing—that the best results were obtained in knee and elbow.

In regard to the use of the X-ray in fractures, of course you must see that your motion does not displace to any great extent your fracture. I hoped to have here today a boy I operated ten days ago taking out a piece of the internal condyle that had been broken. I started motion at once and he has motion without any pain whatever. He would not have had it had he been put into a plaster cast for ten days and immobilized.

In regard to the difference between the work in Belgium and England, I do not think it was so much a difference in soldiers or type of patients that we had, but rather that we had surgeons in Belgium and not manipulators.

We kept up the treatment until the patient could walk out. In Willems' clinic I saw about thirty cases, some knees, some elbow. They were all in uniform, and to see them walk you could not tell which knee had been operated on. These were end results I saw and I know you can get good results by this treatment if handled in the proper way.

---

### MENINGOCOCCUS CEREBROSPINAL MENINGITIS \*

JOHN A. MACDONALD  
INDIANAPOLIS

The disease we are now to discuss has in the past been familiar to us under the name of "Epidemic Cerebrospinal Meningitis" or "Epidemic Meningitis."

This nomenclature, while sufficiently descriptive of the clinical picture as originally interpreted, is no longer adequate. The reason for this is two-fold. First, no recognition is given to the sporadic type of case, a type which becomes doubly dangerous because the unwary observer has formed his mental picture of the

---

\* Read before the Indiana State Medical Association at the Indianapolis Session, September, 1919.



disease from the epidemic aspect so universally described, and secondly, while it has long been apparent to many clinicians that the meningeal manifestations are but local evidences of a septic disease, those who lack opportunity for study of large numbers of cases are frequently misled for the time being by the absence of evidence of central nervous disorder and fail entirely to identify the type of septicaemia until, as a relatively late manifestation, meningitis becomes easily apparent.

As will be pointed out later, the septic events affecting the organism as a whole may precede, by a considerable time, the invasion of the meninges and the illness may and frequently does advance with such shocking rapidity as to obscure the presence of the classic signs of meningitis.

For these reasons, it would seem wiser to adopt the name of "Meningococcus Meningitis," or better, that of "Meningococcus Septicaemia."

This subject is considered an appropriate one for presentation at this particular time since following the war with the return to their home communities of large numbers of men, we must stand alert to detect the appearance of diseases heretofore seldom seen in civilian life. Furthermore, due to the altered virulence of various infecting agents and to varying immunity of the different types of our population, we must anticipate a bacteriologic and epidemiologic readjustment no less in degree than that now going on in every aspect of our national life.

The variety of meningitis under discussion is caused by the meningococcus, a gram-negative coccus answering to certain cultural and microscopic requirements, not agglutinating spontaneously but according to Flexner, agglutinating completely in dilution of 1 to 200 of active polyvalent serum and usually in much higher dilution even up to 1 to 1200.

While the classification of the organism is invariable, it is not a constant species, but appears in several closely related types culturally identical but distinguishable by their immunological properties into two or more main types and a number of intermediates.

It is outside the scope of this paper to describe the advance in the methods of study of the meningococcus and of preparation of polyvalent and monovalent immune serum which has come about through intensive study in the army laboratories. The details of this work are easily available in the excellent original reports already published.

It is, however, important to recognize that by means of the immense amount of differential

cultural study, the improvement of culture media and methods of blood culture together with the availability of polyvalent and monovalent serums, we have received the great advantage of early diagnosis, the ability to exclude by means of agglutination reactions, certain non-specific diplococci which at times appear in the nasopharynx, and it is now possible to identify carriers as responsible for certain cases or groups of cases of the disease since the type of meningococcus tends to be constant in all cases of common origin and the subsequent implantation of a second variety is infrequent.

While, owing to the several types of the organism (any one of which is capable of producing the disease) it is necessary or at least practical to employ a polyvalent serum, it is not difficult to determine by means of agglutination tests the presence or absence, in the therapeutic serum employed, of antibodies specific for the type present. Fortunately, with the relatively few types ordinarily present and the wide representation in the antisera ordinarily employed, it is not often necessary to thus test an impotent serum.

The mode of transmission and avenue of ingress are matters of prime importance. That transmission, owing to the extreme fragility of the meningococcus when removed from the body and dried or exposed to light, must be through the human host is now well established and since no other avenue of exit or entrance to the body but by way of the secretions of the nasopharyngeal tract is known, the conclusion seems unescapable that the perpetuation of meningococcus infection depends on the human carrier.

Flexner<sup>1</sup> has pointed out that two classes of persons harbor the organism: First, those suffering from the actual disease; second, healthy carriers of the micro-organism. It will be readily seen that these two sources represent unequal dangers. The first being confined in bed, is a menace only to his immediate attendants while the second, being practically unhampered in his movements, is able to spread the disease to an indefinite number of persons. In both instances the mode of dissemination is the same, namely, by means of the forcible ejection of mucous droplets while coughing or during violent breathing.

Beginning in October, 1917, the carrier problem in our army was the subject of careful study and exhaustive research. A wide discussion arose as to the value of universal culture

1. Flexner: Mode of Infection, Means of Prevention and Specific Treatment of Epidemic Meningitis, Rockefeller Institute for Medical Research, 1917.

among troops<sup>2</sup> as against that of the examination of direct contacts only,<sup>3</sup> and while much is to be said for both methods, one's instinct of precaution would speak for universal culture at least among large bodies of troops and where adequate methods can be carried out. The writer has observed at least one outbreak due to a carrier who should have been detected.<sup>4</sup>

Recognizing the impracticability of universal culture in civil life, these studies nevertheless give us aid by emphasizing the importance of the following points:

1. Rigid isolation of all meningococcus infection and if possible the identification of the type of organism present.

2. The frequent nasopharyngeal culture from all attendants and contacts.

3. The isolation of all carriers discovered and what is of utmost importance the frequent clinical observation of these carriers for symptoms of the disease since a not inconsiderable percentage of the carriers are already in the incubation period of the disease.

4. While the studies referred to above seem to establish with sufficient accuracy the incubation period of the disease at between one and two weeks, it should be remembered that the chronic carrier rarely comes down with the disease, having apparently developed an immunity as shown by a positive agglutination test. This ability to carry the organism for a long time may well explain the sporadic appearance of cases at long intervals.

5. The patient during the acute illness and for an indefinite period while convalescent is also a carrier.

Having recognized the constant presence of the meningococcus in the nasopharyngeal membrane, its specialized ability to invade the meningeal membranes renders the understanding of the path by which it arrives at this location of great importance since on the recognition of the avenue of ingress of a disease depends very largely its correct interpretation and intelligent treatment.

As recently as 1917, the weight of opinion inclined to the view that the probable route of extension from the nasopharyngeal membrane to the meninges was by way of the lymphatic connections along the olfactory nerves and that it was a primary disease. That it was the only form of meningitis still regarded as primary was pointed by Herrick.<sup>5</sup>

Realizing the ability of the meningococcus to multiply in the mucous membrane of the nose and throat and reasoning by analogy from the conduct of other organisms which, infecting this region without harm to adjacent structures, invade the blood stream and give rise to the well recognized metastatic diseases, one is forced to consider the blood stream as the more common avenue if not the only route by which the central nervous system is reached. Much pathologic and clinical evidence adds weight to this conclusion.

Blakeslee<sup>6</sup> has been unable to find necropsy evidence of suppuration about the cribriform plate of the ethmoid. Herrick,<sup>6</sup> in his report of 270 cases at Camp Jackson, states that about 45 per cent. of his cases were recognized before meningitis developed, the average duration of the stage of generalized infection without meningitis varying from a few hours to several days, the average being forty-eight hours. The meningococcus may at times be demonstrated in the blood stream with accompanying evidence of sepsis days before meningitis develops. About 4 per cent. of Herrick's cases of meningococcus infection did not develop meningitis.

Weed, Wegeforth, et al.,<sup>7</sup> using a culture of *B. mucous-capsulatus* which possesses especial virulence within the meninges of cats, were able to produce meningitis with certainty following an intravenous injection of 0.5 to 1 c.c. of a twenty-four hour culture of the organism when this procedure was immediately preceded or followed by reduction of intra-spinal pressure through spinal puncture. Their conclusions seem to prove conclusively the blood stream to be the avenue of access to the meningeal membranes.

As will have been anticipated from the foregoing, the symptom picture presented by this disease depends on the observer's conception of the pathologic process and upon the extent of invasion obtaining when the patient comes under observation.

We should be able to recognize the septic stage in a considerable proportion of cases before meningitis has developed and should be alert for the evidences of nervous system involvement which in rapidly progressing cases may be obscured by the systemic picture. Seen early, a typical instance of the disease presents the appearance of moderately severe infection with emphasis on the upper respiratory tract. The patient not necessarily confined to bed

2. Schorer, M. D.: Epidemic of Meningitis and Detection of Meningococcus Carriers, Jour. A. M. A. (March 1) 1919.

3. Bigelow: Nonepidemic "Epidemic" Meningitis, Arch. Int. Med., 1919.

4. Wilkinson: A Report of a Ward Epidemic of Meningococcus Meningitis, Jour. A. M. A. (June 21) 1919.

5. Herrick, W. W.: Early Diagnosis and Intravenous Serum Treatment of Epidemic Cerebrospinal Meningitis, Jour. A. M. A. (Aug. 24) 1918.

6. Herrick, W. W.: The Intravenous Serum Treatment of Epidemic Cerebrospinal Meningitis, Arch. Int. Med. (April) 1918.

7. Weed, Wegeforth, Ayer and Felton: The Production of Meningitis by Release of Cerebrospinal Fluid, Jour. A. M. A. (June 18) 1919.



becomes more ill with varying rapidity. Weakness, apathy, and a passive resentment to handling quickly become apparent, he can be aroused but usually volunteers no remarks, answering questions in a rather characteristic unmodulated tone. The immobile flexed attitude with involuntary effort to protect himself from sound, light and any interference by handling are quite typical. Headache is frequent and is usually bursting in character, at times being very severe and has seemed to me to be the most common origin of active delirium particularly in the early stages. When relieved, as it frequently is by spinal puncture, the patient lapses into apathy. The oral and pharyngeal surfaces are dirty and offensive as is usual with quiet delirium from any cause and meningococcus inflammation of tonsils and conjunctiva are not uncommon. The temperature rises but is usually moderate, rarely exceeding 102.

Leucocytosis occurs early and is of much value, a white count of 20,000 or more without satisfactory demonstrable cause being in itself a very significant addition to the findings already described. Up to this period of the disease which may have been reached in from a few hours to several days, the process may be unidentified, except in the presence of an epidemic, since there has been demonstrable scarcely more evidence of central nervous system involvement than is apparent in the severe toxæmia of other serious infections although to the experienced observer the apathy, attitude and resentment to handling are significant.

In the presence of an epidemic and in my experience almost equally in the sporadic case the one most valuable sign is a petechial rash. The occurrence of this rash varies in different epidemics, being reported as present in about one-half of the cases. It appears usually in crops and at times comes out with great rapidity, developing fully within the space of an hour, occurring usually about the shoulder and pelvic girdles or less frequently over the trunk, extremities, oral mucosa and conjunctiva. The spots vary in size up to one centimeter, last two or three days and disappear leaving a pigmented stain. They are typically petechial and at post-mortem are found on all the serous surfaces. In the severe or fulminant cases purpura may cover large surfaces.

Unfortunately, so much emphasis has been placed on the appearance of these spots in crops that it is probable that many cases have been overlooked. The skin should be searched for the pin-head sized petechia occurring singly or in groups with as much care as is exercised, for

example, in the examination of septic endocarditis.

In carrying forward the description in this order, it is with the purpose of pointing out the close resemblance between this period of meningococcus infection and other septic illnesses but the impression must not be received that this is necessarily a separate and distinct phase of the disease. Indeed, during the latter part of the illness already described involvement of the meningeal membranes has in the vast majority of cases already occurred but this has been evidenced chiefly in terms of intellectual disturbance.

As meningeal involvement advances, peripheral evidence becomes apparent though disturbance of the deep reflexes, usually toward exaggeration. Herrick<sup>5</sup> has called attention to and emphasizes especially the ill-balanced activity of the reflexes, that of one side being normal while the opposite is exaggerated, this being especially noticeable in the knee, Achilles and abdominal reflexes, though great care should be exercised in estimating the degree of difference.

The classic signs and symptoms of meningeal irritation are frequently absent during the early period of the disease, Kernig's and Brudzinski's signs and stiff neck not being demonstrable in many cases until an advanced stage of meningitis has been reached. That these signs have been so closely identified with the diagnosis in the past is a diagnostic misfortune since far too often their presence or absence has been made the criterion for the employment of the far more valuable diagnostic procedure, lumbar puncture. The technic of lumbar puncture and the description of the spinal fluid cannot be profitably discussed here, but I should like to point out that in early cases when the spinal fluid is negative, it may be necessary to repeat the puncture in a few hours in order to bring down fluid from the region of the choroid plexus and lateral ventricles where the first invasion by meningococci takes place and several punctures may be needed for demonstration of the organism at the earliest possible moment.

In the early period of the infection, meningococci should be sought in the blood stream. Barber and Fleming<sup>5</sup> state that with proper technic blood culture should give positive findings in from 50 per cent. to 80 per cent. of all cases.

Clinically, four types of meningococcus sepsis may be demonstrated: The abortive or atypical, the ordinary, the severe and the fulminating and they are described by Herrick<sup>6</sup> as follows:

*The Abortive Type.*—These cases show mild systemic disturbances and lack of local foci of suppuration or petechiae. Slight fever, headache and vomiting, stiff neck, positive Kernig, increased reflexes and upper respiratory tract infection may be present. The diagnosis depends on the clinical picture and on demonstration of meningococci in the spinal fluid, blood or nasopharynx. Most of them recover and they are chiefly of importance as epidemiologic factors and by reason of the fact that they are subject to metastatic complications which must be identified as meningococci for therapeutic reasons.

*The Ordinary Type.*—These cases are mild, the picture of generalized infection as previously described lasting two or three days with the gradual development of meningitis, unconsciousness is not common, and the course is frequently prolonged. They are typically meningitic even to rather casual observation and exhibiting headache, rigid neck, positive Kernig and Brudzinski's signs, altered reflexes and purulent spinal fluid make up the classic type of the literature.

*The Severe Type.*—The predominating factor here is the sepsis which usually lasts from eight to forty-eight hours, the toxæmia being very profound. Respiratory tract involvement is frequent and differentiation from the pneumonias is at times difficult. Unconsciousness as a rule comes on before meningeal suppuration has become evident. The petechial rash appears with remarkable suddenness and since this type frequently shows polyarthritis, it is conceivable that in the absence of an epidemic, such a case might be mistaken for an example of arthritic purpura. Metastatic infections are common though death may occur before such complications can develop. The blood culture is positive and intraspinal administration of serum alone is usually unavailing, it being in this type of case that the intra-venous serum gives the most striking results.

*The Fulminating Type.*—In no other disease is seen such sudden and shocking death as in these cases of overwhelming meningococcus infection, death taking place in some instances within a few hours and as a rule before meningitis has developed. The temperature varies from 102 to 104 with rapid pulse, vomiting and delirium, the petechial rash and extensive purpura. The blood culture is positive and the spinal fluid is barren though fluid obtained from the lateral ventricles immediately after death may show meningococci.

In all types of meningococcus septicaemia, metastatic complication are frequent and aside

from their importance as invaliding accidents, should be given careful regard as foci of infection from which relapse and prolongation of toxæmia may result. The more frequent of these complications are panophthalmitis, paralysis of the extrinsic muscles of the eye, pericarditis, pulmonary lesions, arthritis which may closely resemble rheumatic polyarthritis although when late monarticular infection especially of the knee, is not uncommon. Otitis media is frequent as is suppuration of the accessory sinuses of the nose. Of fairly common occurrence are pleurisy, peritonitis and epididymitis.<sup>8</sup> Most of these complications were materially lessened in frequency in the epidemic at Camp Jackson by the intra-venous administration of serum. So well established is the treatment of this disease by means of the polyvalent antimeningococcus serum of Flexner that other methods need not be mentioned.

Although other investigators and clinicians have advised the intra-venous injection of antimeningococcus serum in addition to its intraspinal use, it remained for Herrick during the considerable epidemic at Camp Jackson to develop the method of treatment based on the conception that the disease is in its early stages a generalized meningococcus sepsis in which meningitis occurred as a metastatic focus. In the effort to sterilize the blood as well as the meningeal field, large amounts of serum were administered intravenously in addition to the intraspinal injections with the result that meningococci had disappeared from the blood stream at the end of twenty-four hours and the mortality was decidedly lessened.

The method as regards intraspinal procedure is nearly identical with that formerly in use:

"On admission, a patient with sufficient evidence of meningitis is subjected to lumbar puncture. If the spinal fluid is cloudy enough it is removed to reduce the intraspinal pressure to approximately normal and a somewhat smaller amount of serum is allowed to run into the spinal canal. If the fluid is clear, no intraspinal injection is made but the fluid is taken at once to the laboratory for examination. Meanwhile, the blood stream showing positive culture or the clinical evidence of sepsis being sufficient the patient receives a desensitizing dose of 1 c.c. of the serum subcutaneously to determine sensitiveness. One hour later 50 to 120 c.c. are administered intravenously, the first 15 c.c. at the rate of 1 c.c. per minute. Large glass syringes are used. In cases of ordinary severity, this intravenous dose is repeated every twelve hours until the temperature has been

8. Latham: Epididymitis as a Complication of Meningitis, Jour. A. M. A. (Jan. 18) 1919.



normal or until six or eight doses have been given. In more severe cases, the serum is repeated every eight hours until the desired result is obtained."

In the few cases in which the temperature is not influenced by the intravenous injection, the type of serum is changed and after an interval of forty-eight hours another series of doses is given. Meningitis, being present, or as soon as it appears, the usual intraspinal injections are given and repeated about once in twenty-four hours for a varying number of days until the organisms disappear from the spinal fluid and lymphocytes make their appearance in numbers. With large intravenous doses of serum, the meningococci disappear from the spinal fluid within twenty-four to forty-eight hours and repeated intraspinal serum administration is not necessary, the intravenous injection being followed in about half an hour by simple spinal puncture and drainage in the belief that considerable antibody escapes into the upper intraspinal spaces, the permeability of the inflamed choroid plexus for antibody having been quite well established. When headache follows such spinal drainage, serum is reintroduced to restore the normal pressure.

In cases beginning to show signs of blocking of foramina in which it is impossible to obtain more than a few drops of thick fluid following the method of S. A. Cobb, chloroform is given, lumbar puncture is done, and the head manipulated for the purpose of breaking up adhesions that may be forming about the foramen magnum and the floor of the fourth ventricle.

The technic of intraspinal serum injection is now so well known that it need not be described here. However, it is usually not sufficiently emphasized that the serum should be *warmed* to body temperature and should be allowed to run in slowly, preferably by the gravity method. As Flexner points out, the maximum dose is not 30 c.c. In severe or protracted cases, larger quantities should be used. However, the quantity of serum injected should be less by 5 c.c. or 10 c.c. than the amount of fluid withdrawn. If, during the administration of serum, alarming symptoms of cardiac or respiratory failure should arise, some of the serum should immediately be withdrawn or the needle reintroduced if necessary. The usual precautions should be observed during the intravenous treatment that are observed during any serum administration, morphin and epinephrin being readily available.

The general principles of treatment should not be lost sight of and morphin, which is far more effective than chloral and bromide, should

be used freely to combat pain and restlessness.

The abundant administration of water at frequent intervals is particularly essential.

The writer recognizes the impossibility of the complete presentation within the time allotted of a subject, numerous phases of which are in themselves the subject of extensive monographs, but has attempted to present a survey of the literature and the impressions from his own experience in the hope of stimulating preparedness for a medical emergency which may rise at any time.

## BLOOD SUGAR TOLERANCE IN CANCER \*

SCOTT EDWARDS, M.D.  
INDIANAPOLIS

The enormous number of investigative contributions relative to cancer and the very few which have stood the test of time, makes one a bit timid about venturing another opinion. The data contained in this brief paper are presented only, as an abstract study of blood sugar tolerance encountered in known cases of cancer. The problem in itself is not original. Benedict and Lewis<sup>1</sup> several years ago called attention to increased blood sugar in malignancy and since then several others have touched on it.

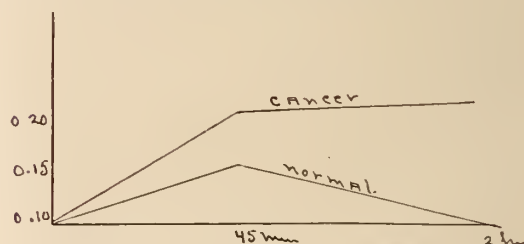


Fig. 1.—Curve found in case of Mrs. B.

In a recent publication Rohdenburg, Bernhard and Krehbiel<sup>2</sup> present blood sugar findings in cancer, based on the sugar tolerance test first brought into clinical use by Jacobsen.<sup>3</sup> By applying this method to twenty-four cases of cancer and one of sarcoma they were able to obtain values apparently constant and which were not simulated in some forty cases of other diseases. They do not base any contentions on their findings, but ask for repetition in other hands that it may be proven or disproven as a diagnostic aid in cancer.

\* Presented at the Indianapolis Session of the Indiana State Medical Association, September, 1919.

1. Benedict, S. R., and Lewis, R. C.

2. Rohdenburg, G. L., Bernhard, Adolph, and Krehbiel, Otto: Jour. A. M. A., 1528, 1919.

3. Jacobsen: Med. Rec., 77:650, 1914.

Obviously any phenomenon so simple in execution which would aid in the diagnosis of cancer would be very attractive. With this in mind we have applied the method to twenty-nine cases of known cancer.

#### Technic of the Test:

On a fasting stomach, the individual is given either 100 gms. of anhydrous or 115 gms. of syrup of glucose dissolved in 250-300 c.c. of tea

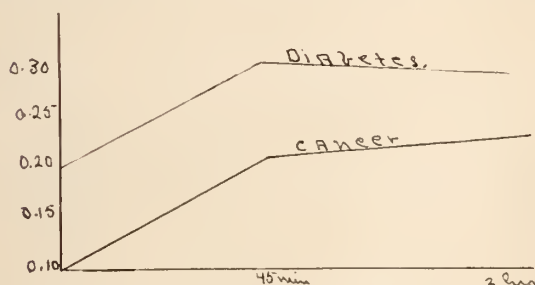


Fig. 2.—Curve found in case of Mr. W. B.

or coffee without sugar or milk. Just before giving the glucose and again at intervals of forty-five minutes and two hours after its ingestion, blood is withdrawn and the amount of sugar in it is determined.

Normal blood sugar<sup>4</sup> varies from .07 per cent. to 0.14 per cent. with an average of 0.10+ per cent. The curve in a normal individual generally reaches its peak near the forty-five minute interval and is well back to normal, or entirely so at the end of two hours.

In contrast to the normal curve the cancer curve reaches approximately 200 gms. per 100 c.c. and at the two hour interval after the glucose is ingested the blood sugar is approximately the same figure or may be considerably higher. The normal is reached in from three to four hours (Chart 1).

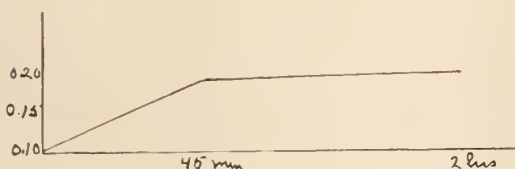


Fig. 3.—Relation of cancer to normal curve.

The curve in all other diseases examined by us, except one and in some forty cases examined by the above mentioned authorities, followed the general contour of the normal curve, in that the decline was always in evidence at the end of two hours. In one case, which was later diagnosed pernicious anemia the curve was typically that encountered in cancer.

McCaskey<sup>5</sup> in his series of hyperthyroid cases which were subjected to this test, has three curves which show high values both in the first and second hour values, the curve being higher at the two hour interval than at the forty-five minute interval. Williams and Humphreys<sup>6</sup> also have reported higher findings at the end of the second hour in chronic interstitial nephritis, in diabetes with interstitial nephritis and in chronic interstitial nephritis with constant glycosuria. However, in these cases the high point of blood sugar established before the ingested glucose would probably differentiate them from the findings in cancer, as shown graphically in Chart 2.

As applied to a case, the following taken from the series at random will illustrate:

Mr. W. B., age 72 years, white. Health good until four years ago. Prostatectomy with good recovery. During last two years has had slight loss of weight. During last seven months progressive loss of weight and abdominal cramps with increased constipation. Symptoms



Fig. 4.—Normal curve.

of obstruction with vomiting and distention. Dr. Noble did a caecostomy and seven days later resected the transverse colon which was completely stenosed by an annular carcinoma. During the interval following the caecostomy a blood sugar curve was typical of cancer as shown graphically by Chart 3.

In contrast the following case is of interest:

Mrs. B., age 47 years. Jewish. Gastric symptoms during past three years with gradual loss of weight. She was referred to us by a man doing special work in gastro-intestinal consultation, with a diagnosis of carcinoma of the stomach. This diagnosis was based on test meals and stenosis as evidenced by the roentgen-ray, also a palpable tumor. A blood sugar tolerance curve is shown in Chart 4.

Dr. Noble found a stomach absolutely free from adhesions, with no involvement of the lymphatic and so freely movable that it could be delivered entirely through the median incision. There was a large ulcer near the pylorus with an extensive inflammatory zone along the lesser curvature. The gall bladder contained

4. Williams, John R., and Humphreys, Eleanor M.: Arch. Int. Med. 23:537, 1919.

5. McCaskey: Jour A. M. A., 73:243, 1919.



stones. Although a microscopical study has not been made of this stomach, since only a gastro-jejunostomy was done on account of the poor condition of the patient, grossly it was not malignant.

As in many other diseases in which the metabolic activity of the body is interfered with, blood sugar tolerance determination offers some diagnostic evidence. In our experience this test has greater value as a method of eliminating cancer than it does in proving its existence. A cancer curve, typical of the one described, has been found in all of our series of cases which were malignant. However, judging from our one case of pernicious anemia and values given in various conditions, to be found in the literature, it is not infallible. A failure to establish such a curve, we believe, to be strong evidence against malignancy.

#### DISCUSSION

DR. HARRY K. LANGDON, Indianapolis: The question of sugar tolerance in malignancy is just now not one for theorization, but a matter of the establishment of a certain fact. Is there a definite, typical curve produced in this disease that is not obtained in any other disease? Nothing but experience will demonstrate this fact, and so far there is not sufficient proof to warrant a definite opinion.

From the work that has been done some encouragement may, however, be derived. With our present limited knowledge of cancer the greatest asset in obtaining a cure is the early diagnosis of the condition. If this curve proves constant and is demonstrable in the early stages of the disease, it will be of untold value.

The sugar tolerance test has at present a more definite value in differentiating a renal diabetes and a mild type of diabetes mellitus, also in estimating the amount of disturbance of carbohydrate metabolism in goiter. The estimation of blood sugar is not the cumbersome thing it was a few years ago, but in skilful hands may be done easily and accurately. This test for malignancy is not, however, a simple question of the amount of sugar present in the blood of cancer cases. That is nearly always above normal. It is a question of tolerance and the rate of utilization of the added glucose, how much of this excess of sugar will show in the blood, how early will its high point or the peak be reached, and how slowly will it disappear from the blood? From the work done up to the present time there seem to be some rather definite curves or values established for a number of the diseases in which there is an upset in our body metabolism.

In diabetes the blood sugar is high to start with and after the ingestion of glucose the

peak, which is high, is reached in from one-half to three hours and does not subside to its former level for a prolonged period.

In acute nephritis the peak is reached in about two hours, is not usually high, and declines to its original level in about four hours.

In hyperthyroidism the peak is reached early, is not high, and declines rapidly. In thrombo-angitis the maximum is reached early, but the decline is more deliberate. In a normal individual the blood sugar level rises only slightly, on the ingestion of 100 gm. glucose .14 per cent. to .15 per cent., reaches its peak early, one-half to two hours, and declines rapidly.

Different from these curves is the cancer curve as reported by the various men who are working along this line. This curve rises rapidly, reaching what would be expected to be its peak in about forty-five minutes. But then instead of declining it continues to rise slowly for about two hours, then declines to normal in about four hours. This curve is so definite that if further experimentation shows it to be specific we will have much valuable additional knowledge to aid us in the management of malignancy.

DR. THOMAS C. KENNEDY, Indianapolis: So many tests for cancer have been announced and after a thorough test have proven to be of no value, that we are inclined to be somewhat skeptical of all experimental work along this line. However, I feel quite sure that some of the many workers in this field will at no distant day find a test that can be relied on.

I hope Doctor Edwards will continue his investigations and give us a report of his work at a later date, as it is certainly a most interesting field for scientific study. Anything that will assist us in making an early diagnosis will be of great value in the treatment of these cases. A great deal of work has been done along this line of investigation, but I have not seen anything in the literature that would lead us to believe that it is destined to become of any practical value. Ewing says increased sugar tolerance occurs in so many conditions besides cancer that he doubts its diagnostic importance. At the New York Memorial Hospital Theis has followed the blood sugar in many cases, and over several years, and has been unable to establish any uniform relation of blood sugar to cancer.

DR. SCOTT EDWARDS, Indianapolis: A diagnostic curve of positive value in cancer does not seem very probable at this time. However, individuals with a metabolism such as met with in a case of cancer will give an intolerance for glucose according to this method, while a negative curve seems to us to be of considerable value in eliminating cancer.

**THE JOURNAL**

OF THE

**INDIANA STATE MEDICAL ASSOCIATION**

Devoted to the Interests of the Medical Profession of Indiana

Office of Publication, 406 West Berry St., Ft. Wayne, Ind.

NOVEMBER 15, 1919

**EDITORIALS****NOTICE TO COUNTY MEDICAL SOCIETY SECRETARIES**

The triplicate receipts will be in your hands by December 1. All dues should be collected at December meetings and forwarded direct to me.

CHARLES N. COMBS, Secretary-Treasurer.

**CONCERNING SUPERHEROES**

We have been surfeited with newspaper clippings containing the most laudatory praise of various doctors and nurses who have served in the late war. Sometimes these notices occur in connection with the homecoming, at other times they are in connection with banquets or receptions given in honor of the erstwhile hero or heroine, but in each and every instance the reader is led to believe that the principal of the laudatory story has performed some unusual and particularly meritorious service that is far beyond and above the service rendered by anyone else in the community. Generally the one who cries the loudest about how he or she "bled and died for the country," and not infrequently the one who gets the most newspaper notoriety, is the one who really did the least and deserves the least credit. The real hero or heroine is generally a very modest sort of person.

We rather admire the attitude of Sergeant York, made famous by his valor and daring in France, when he refused the fabulous offers of vaudeville managers to pose in a spectacular manner as a hero before the American people, and we have no special criticism to offer because he elects to appear before audiences who hear him by paying an admission fee, the proceeds to be used in educating the poverty stricken people of the mountainous districts of the South. We are, however, constrained to agree with the editor of the *Fort Wayne News* in saying that we have no right to single out our heroes and heroines of the war, for there are altogether too many who are on the same plane when it comes to the exhibition of valor or personal sacrifices. What the *Fort Wayne*

*News* has said concerning the subject is so appropriate that we take the liberty of reproducing it here:

Sergeant York has come and gone and now that he has departed it may be perfectly proper to say that which might not have been said with courtesy and propriety in advance. And that something is this: He is no more of a hero than were thousands of others who sustained the honor of the flag and the glory of the American people on the bloodstained fields of France. With no thought or desire to detract from the doughty achievements of Sergeant York or in any manner to dim the luster of his deeds, it may be said that this thing of singling out especial men for laudation and commendation—of declaring them the bright, particular stars of the war—is grievously wrong. Unquestionably there were many men in the ranks, and many officers, too, for that matter, who marched to certain death unflinchingly and unafraid, realizing all the while that the sacrifice they made would never be heralded or known of, that their very families even would never learn the manner of their taking off or the rich, rare quality of the offering they made. There were thousands of heroes of this sort and thousands of others who did not die but who, like Sergeant York, came out whole but who performed services just as valiant and just as valuable as those he performed. Unquestionably there are boys right here in Allen County who underwent perils as grave as those undertaken by Sergeant York, and who performed their duties just as intelligently and just as heroically, and who thought nothing of it.

The great war developed too many heroes to warrant the putting of one man on a pedestal and worshipping him as the ideal of bravery, sagacity and daring. He may be all that, but he occupies a position in which he has too much competition to be entitled to anything like a monopoly.

**DIVISION OF FEES**

The Michigan legislature has passed a law, now in effect, which makes it a punishable offense for any physician or surgeon to divide fees with or promise to pay a part of his fee to or pay a commission to any other physician or surgeon or person who calls him in consultation or sends patients to him for treatment or operation; and provides punishment by a fine not to exceed \$100, or imprisonment in the county jail not to exceed ninety days, or both such fine and imprisonment at the discretion of the court. The law also provides that any physician convicted of violating any of the provisions of the act shall have his license revoked by the board of examination and registration. This law is similar to other laws bearing on the division of fees passed by several states, and unquestionably the knowledge that the state considers division of fees a criminal practice is going to have its effect on the public which in reality is the worse sufferer from the iniquitous practice. It also will have a deterrent effect on



many doctors who, though deacons in churches or professing the highest degree of honor in the practice of medicine, are not adverse to the acceptance of a commission from some surgeon for cases referred. The time is coming when the public will know the fee dividers better than now, and the time is coming when the division of fees under any guise whatsoever, and no matter how secret the transaction may be, will act as a boomerang and bring certain punishment. "The laborer is worthy of his hire," and the physician who refers patients to a surgeon or specialist is deserving of all of the compensation that his advice is worth, but his own sense of honor should lead him to reject all commercial arrangements which can in any way be construed as indicating that he is bartering the patient, and perhaps to the highest bidder. The Michigan law concerning the division of fees may be hard to enforce, for the fee divider has a way of disguising his nefarious practice so that it is hard to convict him in a court of law, but the legal recognition of fee dividing in any form as a crime or misdemeanor is going to lead to the creation of a public sentiment distinctly opposed to profiteering in the ills of humanity, and finally to the adoption of measures which will make it possible for every individual to know whether or not he has been subjected to the commercial practice which every right thinking doctor condemns.

---

#### REPORTING VENEREAL DISEASES

There is a perfectly valid objection to the efforts to eradicate, control and treat venereal plague in the knowledge that forcing publicity on the venereal sufferers is bound to lead them to seek medical advice from those who will not report all venereal cases. As a matter of fact there are some perfectly innocent sufferers from venereal diseases whose condition should not be made public knowledge, and they not only deserve but should have sympathy and protection as well as conscientious advice and treatment. To report a venereal case to a board of health where possibly there are gossiping female clerks, and others having access to the records who are inclined to be garrulous, is not going to protect the innocent sufferer—perhaps a woman of unquestioned morality, refinement, and social position—and it is nothing short of criminal to make the patient and his or her misfortune the football of the ordinary health office where secrecy is questionable.

In all instances of the kind under consideration there probably will be a dearth of reports,

and there will be plenty of physicians who will deliberately ignore the law and the penalties attached thereto in an effort to protect the innocent patient. In reality there should be penalties attached to the dissemination of any knowledge of any kind whatsoever pertaining to venereal diseases, for we have not as yet reached that stage where we look on venereal diseases merely as an accident or a misfortune. Society has the right to protect itself and to purge itself of danger, but the innocent individual should have some rights that the public is bound to respect. We are strong for all measures that will help to stamp out venereal diseases, but we are opposed to any methods that will place a stigma on innocent victims. A modification of the rules so that venereal cases may be reported by number instead of giving the name of the unfortunate victim would add to the effectiveness of the plan now in force.

---

#### POSTSURGICAL RISKS

While in the past the average operator may have been overcautious in the after-care of surgical patients and the amount of liberty granted them, there is no question but that many of the present day operators, with a desire to release patients promptly, are going to the other extreme in taking undue risks. We are constrained to offer this criticism in view of the statement of a well known operator that the average belly operation, without drainage, requires confinement to bed not longer than three days, and that walking around at the end of six or seven days is without harm.

Furthermore, the present slaughter of tonsils, justified as it may be, has resulted in the performance of such surgical work by all kinds of operators—good, bad and indifferent—with the resulting tendency toward not only the production of many bad results from a surgical standpoint, but also the taking of many risks that not infrequently jeopardize if not really cause the loss of the lives of patients. It is a rather common experience to hear that some doctors perform tonsil operations in the office and permit the patients to return home immediately afterward, and there are not a few doctors who do tonsil and adenoid operations at the patients' homes, often many miles distant from surgical help, and leave those patients immediately after the operative work is done. It is not surprising, therefore, that occasionally we hear of alarming postoperative hemorrhages, with now and then a death from such cause, all due to the carelessness of the attending sur-

geon in keeping the patient under immediate observation and reasonably quiet. The delayed effects of the anesthesia alone are worthy of consideration in keeping the patient within easy access of the attending physician, though the possibilities of having an alarming postoperative hemorrhage are even greater and deserve the thoughtful consideration of the doctor who desires to surround his patient with modern safeguards.

There is no excuse for the present undue haste in giving the patient liberties after major surgical operations, or in dismissing the patient altogether immediately after the operation. It may sound well for a physician to say that his patients are up and around in less time than usually given to such cases, but it ought to take the conceit out of such a man when he meets with bad results which can be attributed directly to his lack of judgment and failure to give appropriate care to his cases. The surgeon who is mindful of his own reputation and the patient's best interests will practice conservatism by surrounding himself with those safeguards which have every tendency to make for success, and he will steer clear of the foolhardy chances which some men take in an effort to do something a little different than anyone else, or to satisfy a desire to save themselves and the patient a little inconvenience or expense that would be absolutely necessary in order to play safe. Good surgical work requires attention to every detail, and the attending physician's responsibility and duty does not cease with the mere performance of the operation, for on the after-care may depend the success or failure of the procedures that have been instituted. The after-care may mean nothing more than keeping the patient absolutely quiet for a sufficient length of time to accomplish the proper healing of the wound or to permit diseased or damaged parts to recover a fair degree of normal tone, or it may mean the most exacting care in the matter of dressings, diet, and medication adapted to conditions as they arise, but each and every case should receive that conscientious attention in justice to the physician as well as the patient.

Therefore, we believe that the present tendency of some physicians to overlook some of the precautions and after-surgical attention that make for the best success, should be condemned.

---

#### MEDICAL SOCIETY SLACKERS

One would think that it is unnecessary to call attention to the necessity of promptly paying the dues of the county medical society. Every

reputable doctor recognizes the obligation, knows the exact date when the obligation should be met, and realizes that failure to live up to the obligation carries with it some penalties. However, in almost every county in the state we have a certain number of delinquents, some of whom are prominent members of our profession and because of their prominence ought to take some pride in maintaining a reputation for promptness in the payment of all bills and especially the dues of medical societies. Aside from the duty that is clearly recognized, each member of the Association owes it to himself to protect his own interests, and he loses some of the benefits which go with membership in the Indiana State Medical Association when he fails to pay his dues on time. There is no good reason for the postponement of the payment of dues, and any doctor who becomes delinquent only adds to the general reputation which medical men have of being careless and indifferent to obligations.

It would be a fine thing if the Association could start off on January 1 with the 1920 dues of each member fully paid and in the hands of the treasurer. The county medical society secretaries probably will notify all members that the dues should be paid by January 1 and that delinquency occurs on February 1, but it should not be necessary for the secretaries to keep hounding members for the payment of dues, which should come in unsolicited. The secretary's job is not an enviable one under any consideration, and no one can blame him for getting disgusted when his confrères not only fail to assist him in keeping up the reputation of his medical society but in reality pay him scant courtesy for the efforts that he puts forth in their behalf. One secretary who was unable to collect the dues of a prominent member of the Association remarked that he would see the member in h— before he would solicit dues again. It is a sorry comment on the fair and honorable attitude which medical men should hold toward each other when a doctor will not only get peeved because he is asked to pay his dues, but when he expects to receive all of the benefits accompanying membership in spite of the fact that he does little to deserve such favorable consideration.

During December the 1920 medical society dues should be paid to the county secretaries so that settlement can be made with Secretary Combs on or before Jan. 1, 1920. We ought to turn over a new leaf and start off the new year with a better showing than we have ever made before. The time to attend to this matter is



now, and we urge every reputable doctor in the state to pay his dues at once.

And while we are on the subject of dues paying we desire to say a word about attendance at medical society meetings, for every medical society needs something more than mere payment of dues in order to thrive. As a general thing it is the busiest and best physicians who are regular attendants at medical society meetings. The doctor who needs the medical society most is the one who stays away. He also is the one who grumbles the loudest about not receiving any benefits from the medical society, and he is among the first to kick up disturbances because of jealousies, personal animosities, or other reasons which go with peevishness and incompetency. The medical society is a postgraduate school and is so recognized by the wide-awake, progressive physician. The doctor who stays away from his county medical society or knocks it for any reason whatsoever does himself injustice and is a stumbling block to medical progress and the elevation of the medical profession in his immediate community. Every doctor should be a booster for his medical society, and if he cannot be a booster he should be ashamed to be a knocker. If he is neither a booster or a knocker, he is a slacker, and a slacker is a useless appendage in the medical profession. Do not be a slacker in the payment of dues, and do not be a slacker in attendance and active work in your county medical organization!

---

### THE PRESENT SOCIAL AND INDUSTRIAL UNREST

Professional men, including doctors, are interested vitally in the peace and prosperity of the country. What benefits the country as a whole benefits the medical profession, and general prosperity means that the doctor will fare better in every way. The present social and economic unrest, with several thousand malcontents plotting openly to destroy some of our institutions and defying the laws of the land, is of enough interest to the members of the medical profession to justify careful consideration of conditions that confront us, and to use every possible influence to bring about a better respect for law and order and a higher regard for American institutions.

For many years organized labor has been slowly securing a strangle hold on not only the American people but the very government itself. The present industrial unrest is not altogether

the result of low wages and long working hours, but is a direct result of a desire on the part of a few labor agitators and disturbers to dictate terms and policies, irrespective of the privileges and rights of anyone else. The manner in which some of the labor heads have brought about strikes and other labor troubles has been arrogant and brutal in its inception, and oftentimes without sanction or approval of the men whom the ringleaders are supposed to represent. That the present disturbances have been aided by the shortsightedness of our own government during war times, when labor was permitted to dictate, is unquestioned. There was absolutely no excuse for a policy which permitted profiteering in labor any more than profiteering in materials, and if some of the laboring men could be conscripted to fight on the battle fields of France, and forced to submit to the hardship, danger, and even loss of life in consequence, there is no reason why other laboring men should not have been conscripted to serve the country at home at a fair wage and with no opportunity for profiteering on their labor.

The laboring men who were getting fabulous wages while working in the shipyards or other industries taken over as war measures, and who treasonably struck for higher wages because they knew that they could get them, should have been backed up against a brick wall and shot as traitors to the country. As a matter of fact, the boys who saw military service in the recent war and received compensation at the rate of \$1 per day, ought to rise up in righteous indignation and demand the punishment of the labor slackers and labor profiteers in America who not only "waxed fat" on the proceeds of the war but traitoriously refused to serve the government in time of stress unless paid enormous and unheard of wages for the services rendered. The labor agitators are making a great hue and cry about the mechanics sticking to the job during the war and buying liberty bonds. Why shouldn't they stick to their jobs at the prices paid them, and why shouldn't they buy liberty bonds, which mean nothing but an investment and no sacrifices of any kind whatsoever! The boys in the trenches stuck to their jobs and did not strike for higher wages nor for shorter hours, and they proportionately bought as many liberty bonds as any of the industrial workers at home.

The time has arrived when we must settle the question as to whether one class of people is going to rule this country or not, and whether there are any rights and privileges which any individual or any class of individuals have which

the general public is bound to respect. Any man should have the right to work if he wants to work, and he should be given protection in exercising that right. He also has the privilege and right to quit work when he pleases, but he has no moral and he should have no legal right to stop others from working if they care to work, nor to destroy property in his efforts to force his wishes on the employers or public. There was a time when the capitalistic class controlled legislation and exercised a deterrent force in the fair settlement of labor disputes, but that time is past. Capital in a large measure has been shorn of its power for evil, and in some instances is even surrounded by restrictive legislation which makes it next to impossible to secure a fair return on investment. On the other hand, labor has been blessed with legislation that makes for an increase of wages and a betterment of conditions under which labor is rendered, and the courts have been exceedingly lenient in decisions governing labor disputes. Employers of labor have been quite ready to meet labor representatives and make contracts covering wages and conditions under which labor shall be rendered, and those contracts so far as we know, have never been broken by employers of labor but have been broken freely by the labor unions if there was anything to be gained by failure to live up to the obligation.

It seems to us that strikes and lockouts are barbarous and entirely uncalled for. They paralyze industry and bring hardships to the public. We should have legislation which will compel arbitration of disputes between employers and employees, and we should have legislation which will compel the employees to live up to the contract just as religiously as we now compel employers to live up to it. Labor has a right to share in the profits accruing from labor, but labor has no right to take more than its share, nor to destroy the very property that affords labor an income, because unfair and arrogant demands of labor are not accepted by the employers.

What we need at the present moment is a recognition of the fact that every man, whether he is an employer or an employee, is deserving of a square deal, and there should be suitable penalties provided for unfairness on either side. There also should be penalties for any disturbance of the rights and privileges which either possess. If the farmers should strike and tie up all of the food stuffs of the country, what would become of us? Likewise, if doctors should strike and refuse to take care

of the sick and suffering, what would happen? If no sanction is given to such high-handed procedures, why give sanction to a coal strike which threatens to cause untold suffering and loss of life, and all to the end that a few I. W. W. disturbers, Bolsheviks and labor agitators, without sanction of the men whom they are supposed to represent, can establish themselves as dictators. It is time for a revolt, but not the kind that is proposed by the labor dictators who defy law and care little for justice.

It is time for the government to step in and put an end to this constant turmoil in industrial and social affairs as a result of strikes and lockouts, whether the immediate cause is just or unjust. The government has a right to insist on arbitration of all disputes, and the time is ripe for the exercising of that principle. Finally, the treasonable attitude of the miners indicates that it is time for us to know whether the United States government is to be conducted in the interests of the American people as a whole or in the interests of the labor unions; and whether 110,000,000 of people are going to be superior to a few million members of labor unions who are being bamboozled by a few labor agitators and Bolsheviks. We have closed our eyes to the oncoming storm, but we can keep them closed no longer. It is time to settle once and for all time the question of what constitutes freedom.

---

## EDITORIAL NOTES

### DEAR DOCTOR:

THE JOURNAL and the Cooperative Medical Advertising Bureau of Chicago maintain a Service Department to answer inquiries from you about pharmaceuticals, surgical instruments and other manufactured products, such as soaps, clothing, automobiles, etc., which you may need in your home, office, sanitarium or hospital.

We invite and urge you to use this Service.

It is absolutely FREE to you.

The Cooperative Bureau is equipped with catalogues and price lists of manufacturers, and can supply you information by return mail.

Perhaps you want a certain kind of instrument which is not advertised in THE JOURNAL, and do not know where to secure it; or do not know where to obtain some automobile supplies you need. This Service Bureau will give you the information.

Whenever possible, the goods will be advertised in our pages; but if they are not, we urge you to ask THE JOURNAL about them, or write direct to the Cooperative Medical Advertising Bureau, 535 N. Dearborn St., Chicago, Illinois.

We want THE JOURNAL to serve YOU.

---

DON'T be a slacker! Pay your county medical society dues *now*.

---

DID you default in paying your medical society dues on time this last year? If so, you ought to be ashamed of yourself! Clear your record by mailing a check at once to cover your county medical society dues for 1920.



THOUGH the Germans may bear some ill feeling toward us, they are quite willing to take our dollars, as evidenced by the polite letters which are coming from Berlin and other cities in Germany offering surgical instruments, medical books, etc., to the medical profession.

---

WE have nothing but condemnation of the specious plea of certain laboratories that they are following a "plan of health conservation" in soliciting work from and making reports directly to patients. We are pleased to note that some of the laboratories not only condemn this plan, but advise the medical profession that they will, under no circumstances, report to anyone but the physician who has referred the patient.

---

THE American Society for the Control of Cancer has published a handbook for the medical profession entitled, "What We Know About Cancer." It is a fifty-four-page pamphlet in condensed form which gives the essence of the best modern knowledge concerning the diagnosis and treatment of the principal forms of malignant disease. Detailed review of this book appears in the book review department of this number of *THE JOURNAL*. The price is only 10 cents per copy and every physician in the state should possess one of these booklets.

---

THIS year's session of the Indiana State Medical Association, held at Indianapolis, is reported as being the largest ever held by the Association. The attendance was more than 700, and the program throughout was of unusual excellence. Considerable important business was transacted, among which was the passage of a resolution condemning "practice jumpers"; another resolution commending daily newspapers for their attitude in giving credit to the medical profession for their laudable efforts in public health; and the appointment of four committees: (1) To devise ways and means for getting better public health laws and doing away with the present inefficient and cumbersome method of electing public health officers; (2) an industrial committee; (3) one on medical education, and (4) hospital standardization.

---

STATE medicine is one of the socialistic doctrines, but it has had some strong advocates among those who have few if any other socialistic tendencies. State medicine is a Utopian dream. If put into practice it would, in a measure, destroy the individual incentive and effort that prevails at present, and it also would have

a tendency to pauperize the community, to say nothing of robbing a profession of the right to earn a reasonable competence. The state has a right to compel a standard of fitness for the practice of medicine, but unfortunately the state does not enforce the laws of that character now on the statute books, and in consequence we have a horde of incompetents and charlatans preying on the sick and suffering. What the state could do with profit is to establish a standard and enforce it, but leave the matter of giving and receiving medical and surgical treatment to individuals, though making ample provision for the care of the deserving poor, with attention according to the best accepted standards, and providing for the protection of the public from communicable diseases.

---

ALL of the agitation in favor of federal health insurance has as its ultimate result the annihilation of individual medical practice and destroying the vocation for a large number of physicians. While this may be a Utopian idea that is worthy of being carried out for the benefit of the public as a whole, yet we doubt the wisdom, to say nothing of the justice, of placing medical and surgical attention in the hands of the state, and thus taking one step further toward socialism which is the panacea proposed by a lot of visionary enthusiasts who would put a stop to all individual efforts. The American Association for Labor Legislation already has stated that the next great step to be put into effect is the adoption of health insurance, and from the propaganda that is being put out it is very evident that the labor organizations expect to have everything that will be beneficial to themselves, but they care little about the other fellow. We are under the impression that professional men are laborers just as much as mechanics, and in self-defense they sooner or later will be compelled to organize and work as a unit just as much as any trade union.

---

THE United States Public Health Service in a recent bulletin has called attention to the tendency of breeders of blooded stock, horses and cattle, to have their animals "registered" without fail as it adds to their value and is, therefore, highly desirable. Contrasting this idea with that of many careless parents and physicians the following reasons are given why baby's birth should be registered: 1. To establish identity. 2. To prove nationality. 3. To prove legitimacy. 4. To show when the child has the right to enter school. 5. To show when the child has the right to seek employment under

the child labor law. 6. To establish the right of inheritance to property. 7. To establish liability to military duty, as well as exemption therefrom. 8. To establish the right to vote. 9. To qualify to hold title to, and to buy or sell real estate. 10. To prove the age at which the marriage contract may be entered into. 12. To make possible statistical studies of health conditions. Indiana physicians are being reminded time and again of the birth registration matter by Secretary Hurty, and the monthly reports of the State Board of Health show failure on the part of many physicians to heed this injunction. The comparison noted above is pointed and Indiana physicians who have been slack in this matter of registration should rouse themselves to the necessity of showing to the public the value placed on babies above that placed on cattle and horses, as well as fancy dogs and cats.

---

IN Michigan it is unlawful for any druggist, pharmacist or other person to sell, barter, or give away any drug, medicine or any remedy whatsoever for the treatment of syphilis, gonorrhea, or chancroid except on the prescription of a duly registered and practicing physician. Such prescription shall be marked "C. V. D." and shall set forth the name and address of the patient, and the date when given. The law further provides that no physician, druggist or pharmacist shall administer any treatment whatsoever for the diseases in question, nor shall any physician sell or give to any patient so affected any drug, medicine or remedy therefor, though there is a provision which permits a registered and practicing physician to give office treatment (which seems to be an ambiguity of the law). The Act further states that the Department of Health is authorized and empowered to provide for the treatment of cases of syphilis, gonorrhea, and chancroid in proper institutions, and may make contracts and agreements with the managing board or officers of such institutions for the admission and care of patients. All patients undergoing treatment are deemed to be in quarantine, and subject to all laws and regulations pertaining thereto. Physicians and local health officers are required to report cases of syphilis, gonorrhea or chancroid; and the employment of persons affected with any infectious disease, or with any venereal disease in a communicable form in places where cigars are manufactured, or where food or drink is manufactured, prepared, or sold, is strictly forbidden. There is further provision for the punishment of persons who share

in the proceeds of prostitution and for the competency of certain evidence at the trial thereof. These laws, recently passed by the Michigan legislature, are very drastic, and if enforced will go a long way toward helping to stamp out venereal diseases in Michigan. They are rather exacting as pertains to the medical profession of Michigan, but no doubt the requirements will be observed. Indiana has no such drastic laws concerning venereal diseases, though the State Board of Health has been given considerable authority in controlling the venereal plague and in supervising the establishment of venereal clinics. It is also made mandatory on physicians to report venereal diseases, though there is nothing to prohibit physicians from treating such diseases.

---

## DEATHS

---

F. E. MAY, M.D., died October 4, at his home in Edwardsburg, aged 58 years.

---

LAURA A. BROWN, wife of Dr. George W. Brown of Frankfort, died recently, aged 76 years.

---

ROSE HANSEL, widow of the late Dr. C. E. Hansel of South Bend, died October 10, aged 44 years.

---

MARY BURROUGHS, widow of the late Dr. W. H. Burroughs of Crawfordsville, died recently, aged 63 years.

---

SARAH E. NEWCOMER, widow of the late Dr. F. S. Newcomer of Indianapolis, died recently at the age of 91 years.

---

VIRGIL E. ANDREW, M.D., died at his home in Indianapolis, aged 50 years. Dr. Andrew graduated from the Central College of Physicians and Surgeons, Indianapolis, in 1890.

---

MRS. W. W. BARNETT, wife of Dr. W. W. Barnett of Fort Wayne, was crushed to death in a hospital elevator on September 27. She was 31 years of age.

---

WILLIAM J. HURT, M.D., of Waynetown, died October 8, following a ten-days' illness of pneumonia, aged 69 years. Dr. Hurt graduated from the Rush Medical College in 1873 and had practiced medicine in Waynetown since his graduation. One son, Dr. Paul T. Hurt of Indianapolis, survives.



WILLIAM F. WORK, M.D., died October 7 at his home in Charleston, aged 69 years. He had been an invalid since 1914, when he was stricken with paralysis while in Florida. Dr. Work graduated from the Eclectic Medical College of Cincinnati in 1875, and from the Medical Department of the University of Louisville in 1887.

WILLIAM H. RICHARDSON, M.D., Vernon, Ind., aged 67 years, died very suddenly November 3. He was born in 1853 and graduated from the Medical College of Ohio in 1875 and from the Bellevue Hospital Medical College in 1878. He was a member of the Jennings County Medical Society and the Indiana State Medical Association.

JOHN M. TONEY, M.D., Van Buren, died September 30, aged 50 years. Death was due to cardiac failure. Dr. Toney was born in 1871, graduated from the Medical College of Indiana in 1900 and had practiced in Grant County for the past eighteen years. He was a member of the Grant County Medical Society, the Indiana State Medical Association and the American Medical Association.

JOEL T. BARKER, M.D., of Danville, died October 11, aged 72 years. Dr. Barker was born in Indianapolis in 1847. He received his education at Butler College, Rush Medical College and graduated in medicine from the Bellevue Hospital Medical College in 1870. He began the practice of medicine in Brownsburg with the late Dr. Joseph Eastman, removing to Danville in 1887. He was a member of the U. S. Pension Board and during the late war served on the Hendricks County Medical Advisory Board. He was a member of the Hendricks County Medical Society and the Indiana State Medical Association.

### NEWS NOTES AND PERSONALS

Anything in the line of physicians' supplies or equipment may be obtained from advertisers in *The Journal of the Indiana State Medical Association*. Patronize these advertisers for it means a continuance of their advertising patronage, and the latter means a larger and better Journal for you.

DR. P. A. KENDALL of Crothersville was married October 6 to Miss Mentoria McDonald.

THE physicians of Adams County have started a campaign for a public hospital in that county.

DR. T. S. HUGGARD, formerly of Chicago, has located in North Judson for the practice of medicine.

DR. DAVID F. BERRY of Indianapolis is spending a month in New York City doing postgraduate work.

DR. V. G. HURSEY of Ligonier has been appointed coroner for Noble County to succeed Dr. W. L. Cowan.

DR. E. B. CHENOWETH, who practiced medicine at Nineveh prior to military service, has located at Seymour.

DR. LOSEY HARDING, intern at the Methodist Hospital at Indianapolis, will locate at Frankfort for the practice of medicine.

DRS. CHARLES CALBALZER AND ARTHUR E. GUEDEL have been appointed anesthetists on the staff of the city hospital of Indianapolis.

DR. GEORGE T. MACCOY of Columbus suffered severe injuries recently when the automobile he was driving turned over, pinning him beneath it.

DR. F. L. REESE has removed from Bicknell to Phoenix, Ariz. The change has been made because of the condition of Dr. Reese's health.

DR. R. G. JOHNSTON, formerly of Markle, recently returned from military service, has located at Huntington for the practice of medicine.

DR. W. W. WRIGHT, formerly of Edinburg and recently returned from military service, has located at Newcastle for the practice of medicine.

DR. J. M. BULLA of Richmond attended the annual meeting of the American Public Health Association, held in New Orleans, La., October 27 to 30.

DR. W. J. MOLLOY of Muncie has been appointed one of the public health service examiners of Indiana for the American Red Cross Association.

DR. WILLIAM F. MOLT of Newton Claypool Building, Indianapolis, is spending the month of November in New York City doing postgraduate work.

MISS LOUISE HIATT of Indianapolis has been elected as superintendent of the Bartholomew County Hospital to succeed Miss Mary B. Austin, resigned.

---

MISS MARGARET TUPPER of New York has arrived in Indianapolis to take up her work as superintendent of the Public Health Nursing Association of that city.

---

THE Royal College of Surgeons of Edinburgh has conferred Honorary Fellowship on Major Gen. Merritte W. Ireland, Surgeon-General of the United States Army.

---

DR. H. H. KOONS has resigned as jail and poor farm physician for Henry County and the Newcastle Clinic has been appointed to perform such services for the county.

---

DR. CHARLES R. SOWDER has received his discharge from military service at Fort Sheridan and has resumed practice at Indianapolis with office in the Pennway Building.

---

DR. ROBERT E. REPASS announces the opening of offices in the Hume-Mansur Building at Indianapolis, with practice limited to diseases and surgery of the ear, nose and throat.

---

DR. D. H. SWAN, formerly of Princeton, has purchased the practice of Dr. Eggers at Paragon and located there for the practice of medicine. Dr. Eggers has removed to Hammond.

---

DR. ADAH MCMAHAN of Lafayette has been appointed as a representative of the Indiana Franchise League, on the Social Hygiene Committee of the League of Women Voters.

---

DR. HUGH M. MILLER of South Bend, recently returned from military service, is spending six months at Johns Hopkins University doing special work in internal medicine.

---

DR. ALEXIS CARREL left France the first of November to resume work with the Rockefeller Institute in New York. He has completed four years of service in the French army hospitals.

---

DRS. J. O. PAUL AND E. E. FERRIS of Newcastle have formed a partnership for the practice of diseases of the eye, ear, nose and throat, and will have offices in the Burk Building.

DR. HARRISON S. THURSTON has been released as examining surgeon at the Indianapolis naval recruiting station and has resumed private practice with office in the Willoughby Building.

---

ACCORDING to a recent announcement, the General Education Board has been given \$20,000,000 by John D. Rockefeller, to be used in improving medical education in the United States.

---

DR. GORDON A. THOMAS of Lafayette, recently returned from medical service in the United States Navy, has been appointed medical advisor and surgeon for the Purdue University football squad.

---

THE Noble County Medical Association met in regular session on October 8. The main discussion of the meeting covered readjustment of fees for the county, and a committee to formulate a uniform fee bill was appointed.

---

THE members of the Monroe County Medical Society, at their October session, adopted the following fee bill: House visits, 8 a. m. to 8 p. m., \$2.50; house visits, 8 p. m. to 8 a. m., \$3.50; office consultation, \$1; obstetrics, \$20.

---

AT a special election held in Franklin County to determine whether or not the county should establish a hospital as a memorial to the soldiers, sailors and marines of the world war, the movement was rejected by a majority of 731 votes.

---

MAJOR KARL T. BROWN, M. C., has returned from overseas. He received his discharge and located at Muncie with offices in Suite 503, Johnson Block. He has announced the limitation of his practice to diseases and surgery of the eye, ear, nose and throat.

---

DR. EDWIN WALKER, who has been in a critical condition for several months, is slowly gaining. On October 8 members of the Evansville Rotary Club, numbering more than 100, marched past the Walker Hospital and waved their greeting to Dr. Walker, who sat by the window.

---

At the recent meeting of the Indiana State Nurses' Association, Mrs. Ethel P. Clark of Indianapolis was reelected president of the Indiana State League of Nursing Education, with Miss Margaret Parker of South Bend, vice president, and Miss Maud Miller of Chicago, secretary-treasurer.



HENRY WEIGHTMAN STELWAGON, the eminent dermatologist, died in Philadelphia, October 18, from angina pectoris, aged 65 years. Dr. Stelwagon held the chair of professor of dermatology in the Jefferson Medical College and his textbooks on the diseases of the skin were among the foremost books on that subject.

---

THE International Conference of Women Physicians, in session in New York on October 24, passed resolutions advocating that couples contemplating matrimony, present themselves for physical examination before wedlock. A resolution asking that the conference denounce tobacco smoking as an evil was voted down.

---

At the October meeting of the Clay County Medical Society a "dead beat" list was made out and the names of all persons who have failed to pay their doctor bills in the past were placed on the list. Physicians will refuse to make calls at the homes of the people whose names appear on this list, unless payment is made in advance.

---

THE opening of the new hospital at Bloomington, has been delayed owing to the failure of the tax board to grant the county permission to issue bonds for the hospital. The hospital is practically finished, but there still remain some heating and plumbing bills which must be met before the contractors deliver the keys to the managers.

---

AN increased schedule of fees of the graduate nurses at Indianapolis went into effect November 1. They are as follows: Surgical and medical cases, except infectious fevers, \$35 a week; twenty-four hours or less, \$7; cost per day for less than one week, \$6; obstetrics, prostatectomy, mental, contagious and infectious fevers, \$40 a week.

---

THE school for nurses at the City Hospital of Indianapolis is to be enlarged and modernized under the direction of Miss May Kennedy, superintendent of nurses. The capacity of the school will be increased from eighty-two to 107 students and the curriculum is to be changed to conform to the standards of the National League of Nurses' Education.

---

THE following officers of the Indiana State Nurses' Association have been elected for the ensuing year: Miss Mary A. Meyers of Indianapolis, president; Miss Margaret Parker of South Bend, first vice president; Miss Rose

Thomas of Wabash, second vice president; Miss Grace Moorehouse of Lafayette, secretary, and Miss Josephine McMain of Crawfordsville, treasurer.

---

DR. WILLIAM LOWE BRYAN, president of Indiana University, will lead the special antituberculosis campaign for the Indiana Tuberculosis Association this year. The campaign is designed to raise a fund of \$270,000 through the sale of seals, with which the association plans to carry on the fight to eradicate tuberculosis. D. Burr Jones of Rockville will act as campaign manager.

---

"DR." A. W. VAN BYSTERFIELD, coming from Grand Rapids, Mich., and holding "clinics" at Napanee, Milford, and other towns, was arrested October 20 at Milford on the charge of practicing medicine in Indiana without a license. Affidavit was filed by William T. Gott, secretary of the Board of Medical Registrations and Examinations of the state. Bond for the sum of \$1,000 was furnished.

---

A GREAT many chemicals for the production of which America was formerly entirely dependent on Germany are now being successfully produced in this country. Two important pharmaceutical products derived from coal tar and our entire supply of which formerly came from Germany, are creosote carbonate and guaiacol. American chemical works are now prepared to supply all demands for these products.

---

THE forty-seventh annual meeting of the American Public Health Association was held at New Orleans, La., October 27 to 30, inclusive. A program of unusually large scope was carried out and a number of Indiana health officers were in attendance at the meeting. Dr. J. N. Hurty, secretary of the Indiana State Board of Health, is a member of the executive committee of this association and attended the meeting.

---

DR. C. N. FRAZIER has returned from service overseas and received his discharge from the army. He is now taking special work in dermatology in New York, Philadelphia and Baltimore. On the completion of his course he will return to Indianapolis and limit his practice to diseases of the skin. He will have charge of the department of dermatology in the Radium Laboratory of Drs. T. C. and W. H. Kennedy. 709 Hume Mansur Building.

THE JOURNAL is in receipt of an inquiry for location for general practice in Indiana or any of the surrounding states, from Dr. Cyril M. Smith, at present house surgeon in the Kings County Hospital, Brooklyn, New York. Dr. Smith is a graduate of Northwestern Medical School, 1918, and his home is Zionsville. He desires to locate in one of the central states. Any one having any information concerning a locality should write to Dr. Smith at the above given address.

---

At the twenty-fourth annual meeting of the American Academy of Ophthalmology and Otolaryngology, held recently in Cleveland, the following officers were elected: President, Dr. Lee M. Francis, Buffalo; vice president, Dr. Hal Foster, Kansas City, Mo.; secretary, Dr. Luther C. Peter, Philadelphia; treasurer, Dr. Secord H. Large, Cleveland, and chief of directors, Dr. Clarence Loeb, Chicago. The next meeting will be held at Kansas City, Mo., Oct. 14 to 16, 1920.

---

At the annual meeting of the Mississippi Valley Medical Association held in Louisville, Ky., on October 22, the following officers were elected for the coming year: President, Dr. F. B. Wynn of Indianapolis; first vice president, C. W. Dowden of Louisville; second vice president, Frank Smithies of Chicago; secretary, H. E. Tuley of Louisville, and treasurer, S. C. Stanton of Chicago. Dr. Tuley was reelected secretary for the twenty-first time. The next annual meeting will be held in Chicago.

---

THE Inter-Allied Medical Mission sent by the International League of Red Cross Societies to study the typhus situation in Poland, has begun its investigations in Warsaw. The commission is composed of Col. Hugh S. Cumming, Chairman, Assistant Surgeon-General United States Public Health Service; Lieut.-Col. Aldo Castellani, of the Royal Italian Navy Medical Service; Lieut.-Col. George S. Buchanan, Medical Officer of Health of the Ministry of Health of Great Britain, and Lieut.-Col. Visbecq, of the French Army Medical Service.

---

DR. HENRY A. CHRISTIAN, Hersey Professor of the Theory and Practice of Physic at Harvard University, has assumed in Washington, for the academic year 1919-1920, the position of chairman of the Division of Medical Sciences of the National Research Council. Dr. Christian has been Physician-in-Chief of the Peter Bent

Brigham Hospital, Boston, since 1911, and was Dean of the Faculty of Medicine of the Medical School of Harvard University from 1908 to 1912. He is a well known and active member of various national associations of medical men and of the American Academy of Arts and Sciences.

---

At the annual meeting of the Clinical Congress, held October 23, the following officers were elected: President, Dr. George E. Armstrong, Montreal; vice presidents, Drs. Rudolph Matas, New Orleans, and Horace Packard, Boston; regents for term ending 1920, Drs. Alexander Primrose, Toronto; Albert J. Och-sner, Chicago; George W. Crile, Cleveland; Harvey Cushing, Boston; George E. de Schweinitz and William J. Mayo, Rochester, Minn.; regents for term expiring 1922, Drs. John M. F. Finney, Baltimore; James B. Eagle-son, Seattle; Charles H. Mayo, Rochester, Minn.; J. Bently Squire, New York, and Walter W. Chipman, Montreal.

---

GROUND was broken for the new nurses' home of the Methodist hospital at Indianapolis, on October 9. The home will cost more than \$300,000 and will be erected of brick and stone similar in color to the main hospital. The building will have a frontage of 176 feet on Capitol Avenue and will be 158 feet deep. It will occupy one-fourth of a block and will have five floors. The dormitories will comprise 250 rooms and, in addition, there will be dining rooms, kitchen, gymnasium, lecture room, laboratory, demonstration room and library and a large open air sleeping room with a capacity of 125 beds and roof garden for entertainments. The structure will be fireproof.

---

THE Union District Medical Association held its semi-annual meeting at Richmond on October 23. The following program was carried out: President's address, Will A. Thompson, Liberty, Ind.; "Causes and Locations of Abdominal Pain and Their Clinical Significance," Frank L. Ratterman, Cincinnati, Ohio; "Psychasthenia—A Medical Problem," Charles P. Emerson, Indianapolis, Ind.; "Surgical Disorders of Digestion," W. H. Haines, Cincinnati, Ohio; "Influenza," J. N. Study, Cambridge City. Officers for the ensuing year are as follows: President, Dr. J. N. Study, Cambridge City; secretary-treasurer, Dr. J. E. King, Richmond. The next meeting will be held at Connersville in April.



A REPORT appearing in the November 1 *Bulletin* of the Department of Health of the city of New York shows that the recurrence of the epidemic of influenza and pneumonia which has been feared by many, has, as yet, failed to materialize. According to the report only 125 cases of influenza were reported in the city of New York during the month of October, 1919, against 80,954 during the same month last year. One hundred and fourteen cases of pneumonia were reported as compared to 11,565 during this month last year. Notwithstanding the showing for the month of October, the physicians of New York are strictly adhering to all the rules governing the anticipated outbreak of the epidemic.

DURING September the following articles have been accepted by the Council on Pharmacy and Chemistry for inclusion with New and Non-official Remedies:

Abbott Laboratories: Tablets Cinchophen—Abbott 7.5 grains.

Calco Chemical Co.: Albutannin—Calco; Acetannin—Calco.

Cereo Company: Soy Bean Gruel Flour.

Gilliland Laboratories: Antipneumococcic Serum Combined Types I, II and III; Antistreptococcic Serum.

Hynson, Westcott and Dunning: Acroflavine (Boots); Proflavine (Boots).

Merck & Co.: Albutannin—Merck.

Takamine Laboratory, Inc.: Hirathiol.

AT a meeting of the Association of Military Surgeons of the United States, held at St. Louis, October 13 to 15, under the presidency of Col. Henry P. Birmingham, M. C., U. S. Army, the following officers were elected for the ensuing year: President, Lieut.-Col. Joseph A. Hall, M. C., O. N. G., Cincinnati; vice presidents, Asst. Surg.-Gen. John W. Kerr, U. S. P. H. S., Washington, D. C.; Capt. Frank L. Pleadwell, M. C., U. S. Navy, Washington, D. C., and Brig.-Gen. Francis A. Winter, M. C., U. S. Army, Washington, D. C., and secretary-treasurer-editor, Col. James Robb Church, M. C., U. S. Army, Washington, D. C. New Orleans was selected as the place of the meeting for next year, the time set being three days immediately preceding the meeting of the American Medical Association.

THE Twelfth Indiana District Medical Society met in regular fall session at the Hotel Anthony, Fort Wayne, on November 12, under the direction of Dr. J. W. McKinney, president,

Bluffton, and Miles F. Porter, Jr., secretary, Fort Wayne. The following scientific program was carried out: "Cutaneous Reaction to Quinin and Quinin Idiosyncrasy," B. M. Edlavitch, Fort Wayne; "The External Drainage of Bile," Walter Manton, Detroit; "Flat Feet and Club Feet and Their Usual Complications," Horace R. Allen, Indianapolis; "An X-Ray Study of Metastatic Diseases of the Lung," A. W. Crane, Kalamazoo; "The Newer Aspects of Metabolism Studies in Nephritis," Albert E. Epstein, New York City; "The Value of the Roentgen Ray in the Diagnostic Work of the Internist—Illustrated," G. W. McCaskey, Fort Wayne.

THE Tenth District Medical Society met in annual session in the Masonic Temple in LaPorte, on November 13, with the following program: "Nephrolithiasis," Dr. Harry M. Hosmer, Gary; "Gunshot Wounds of the Knee Joint as Seen and Treated in Base Hospital No. 61 at Banne, France," Lieut.-Col. C. A. Stevens, Chicago; "Empyema and Its Treatment," illustrated with lantern slides, Dr. Carl Beck, Chicago; "The Management of Some of the More Common Diseases and Injuries of the Eye," Dr. E. M. Shanklin, Hammond; "Carcinoma of the Pancreas," Lieut.-Col. Kellogg Speed, Chicago. Dinner was served at 6:30, during which hour the doctors were entertained with readings by Mr. William Smith. The evening session was devoted to discussion of the "Fundamental Principles Underlying Cardiac Lesions," in charge of Lieut.-Col. Charles L. Mix, Chicago.

EIGHT Red Cross Base Hospitals, in New York, which proved of value during the war, are to be held intact for future emergencies, according to an announcement made by members of the Metropolitan Committee of the Red Cross Roll Call. It is explained that, aside from war, there are the great diasters of peace—floods, earthquakes, epidemics, etc., which might require immediate facilities such as can be furnished only by such a carefully organized and equipped system of base hospitals as the Red Cross has as a legacy from the recent war. The eight base hospitals in question were organized at the following institutions, from most of which assurance has been received that they will be kept intact for any emergency: Bellevue Hospital, Presbyterian Hospital, Mount Sinai Hospital, New York Post-Graduate Hospital, New York Hospital, Roosevelt Hospital, German Hospital and the Metropolitan Hospital.

THE Medical Women's International Association was formed Saturday at a meeting in New York at which representatives of fifteen nations were present. The purpose of the organization is to make possible the international exchange of ideas by women physicians. The next meeting will be held in two years, probably in either London or Paris. Dr. Esther Lovejoy of New York was elected president. Other officers chosen were: First vice president, Dr. Christine Murrell of London; second vice president Dr. L. Thuillier-Landry of Paris; third vice president, Dr. Kristine Munch of Christiana, Norway; treasurer, Dr. Ellen C. Potter of Philadelphia; recording secretary, Dr. Maria Feyler of Lausanne, Switzerland; corresponding secretary, Dr. Martha Welpton of San Diego, Calif. The countries represented are: England, France, Holland, Italy, Norway, Scotland, Sweden, Switzerland, China, Argentine, Uruguay, Japan, Serbia, Canada and the United States.

THE Northern Tri-State Medical Association met in its forty-sixth annual session on November 5, at Kalamazoo, Mich., under the direction of Dr. G. V. Brown, president, of Detroit, Mich., and G. W. Spohn, secretary, of Elkhart. The following scientific program was carried out: Clinic and paper, "The Differential Diagnosis of Neurotics," conducted by Prof. C. D. Camp, Ann Arbor, assisted by Dr. J. B. Jackson of Kalamazoo; "Four Years' Experience in Group Medicine," C. C. Terry, South Bend; "Sarcoma of the Extremities," J. C. Fleming, Elkhart; Symposium on the Anemias: "Etiology and Pathology," James E. Davis, Detroit; "Differential Diagnosis," L. A. Levison, Toledo; "Treatment," Alexander S. Dewitt, Detroit. "Endocarditis" (especially the chronic malignant type), James B. Herrick, Chicago; "Exophthalmic Goiter," George W. Crile, Cleveland. Dinner was served at 6 o'clock in the Masonic Temple followed by an address by Dr. Hugh T. Patrick of Chicago, on the subject, "The Patient Himself."

REPORTS of the Siberian Commission recently received tell that the military hospitals are in a most wretched state. Surgical supplies and medicines are practically exhausted. There is no bed linen. Absence of soap and disinfectants makes cleanliness and asepsis impossible. The hospitals are in many cases quartered in amusement pavilions, monasteries or clubs which have been converted into wards. Patients are brought in on trains of cattle cars

stuffed with dirty straw. One hospital reports a mortality rate of 10 per cent. because of the condition in which the patients were brought in. Medical and nurses' staffs have been greatly depleted through the contraction of typhus, exposure and the descent of the Bolsheviki, who carried away physicians with them. The Red Cross is operating several hospitals during the emergency and as fast as trains can be sent, equipment and supplies are going to the military hospitals. Preparations are being made for the expected increase of typhus and smallpox cases which is sure to come with the winter.

NEARLY 20,000 newspapers and other advertising media appealed to by the United States Public Health Service to discontinue the publishing of advertisements of quack doctors and nostrums dealing with venereal diseases have pledged their active support in the campaign to give the reading public this measure of protection. When the United States Public Health Service undertook the task of controlling venereal diseases in the United States it was considered of the greatest importance to put the advertising "specialist" and his "quick cure" and patent medicines, more harmful than beneficial, out of business. A letter was sent to 20,000 advertising media with the result that all but 200 of this number announced that they either did not carry such advertising, or would discontinue it at once. The remaining 200 were again appealed to with the result that sixty have discontinued such advertising. Fortunately, there are now only 140 advertising media in the United States publishing advertisements of the kind under the general ban. The boards of health in the states in which these are published have been appealed to to assist the government by taking over this activity.

## SOCIETY PROCEEDINGS

### REVISED CONSTITUTION AND BY-LAWS OF THE INDIANA STATE MEDICAL ASSOCIATION

(Offered at the Indianapolis Session, 1919, for Adoption at the South Bend Session, 1920)

#### ARTICLE I.—NAME OF THE ASSOCIATION

The name and title of this organization shall be the Indiana State Medical Association.

#### ARTICLE II.—PURPOSES OF THE ASSOCIATION

The purposes of this Association shall be to federate and bring into one compact organization the entire medical profession of the State of Indiana; and to unite with similar societies of other states to



form the American Medical Association; to extend medical knowledge and advance medical science; to elevate the standard of medical education, and to secure the enactment and enforcement of just medical laws; to promote friendly intercourse among physicians; to guard and foster the material interests of its members and to protect them against imposition; and to enlighten and direct public opinion in regard to the great problems of state medicine, so that the profession shall become more capable and honorable within itself, and more useful to the public, in the prevention and cure of disease and in prolonging and adding comfort to life.

#### ARTICLE III.—COMPONENT SOCIETIES

Component Societies shall consist of those county medical societies which hold charters from this Association.

#### ARTICLE IV.—COMPOSITION OF THE ASSOCIATION

SECTION 1.—This Association shall consist of Members, Delegates, Guests, and Associate and Honorary Members.

SEC. 2.—*Members.*—The members of this Association shall be the members of the component county medical societies.

SEC. 3.—*Delegates.*—Delegates shall be those members who are elected in accordance with this Constitution and By-Laws to represent their respective component societies in the House of Delegates of this Association.

SEC. 4.—*Associate Members.*—Members of the Indiana State Dental Association in good standing are, by virtue of their membership therein, made associate members of the Indiana State Medical Association.

SEC. 5.—*Honorary Members.*—Honorary members shall consist of representative teachers and students of science allied to medicine, and of physicians and surgeons of distinction not members of the Indiana State Medical Association, who may by vote of the House of Delegates be elected to honorary membership.

SEC. 6.—*Guests.*—Any distinguished physician not a resident of this state who is a member of his own State Association may become a guest during any Annual Session on invitation of the officers of this Association, and shall be accorded the privilege of participating in all of the scientific work for that session.

#### ARTICLE V.—HOUSE OF DELEGATES

The House of Delegates shall be the legislative and business body of the Association, and shall consist of (1) Delegates elected by the component county societies; (2) the Councilors; (3) the ex-Presidents of the Indiana State Medical Association, and (4) *ex officio*, the President, the Secretary, and the Editor of THE JOURNAL of this Association, all without power to vote, except in case of a tie vote when the president shall cast the deciding vote.

#### ARTICLE VI.—COUNCIL

The Council shall consist of the Councilors, and the President, Secretary, and Editor of THE JOURNAL, *ex officio*. Besides its duties mentioned in the By-Laws, it shall constitute the Finance Committee of the House of Delegates. Five Councilors shall constitute a quorum.

#### ARTICLE VII.—SECTIONS AND DISTRICT SOCIETIES

The House of Delegates may provide for a division of the scientific work of the Association into appropriate Sections, and for the organization of such Councilor District Societies as will promote the best interests of the profession, such societies to be composed exclusively of members of component county societies.

#### ARTICLE VIII.—SESSIONS AND MEETINGS

SECTION 1.—The Association shall hold an Annual Session during which there shall be held daily general meetings, and such section meetings as may be provided for, all of which shall be open to all registered members and guests.

SEC. 2.—The time and place for holding each annual session shall be fixed by the House of Delegates.

#### ARTICLE IX.—OFFICERS

SECTION 1.—The officers of this Association shall be a President, three Vice Presidents, a Secretary-Treasurer, and thirteen Councilors.

SEC. 2.—The officers, except the Councilors, shall be elected annually. The President shall appoint the first Councilors to serve for one year, or until their successors are elected. The terms of elected Councilors shall be for three years, those first elected serving one, two and three years, as may be arranged. All of these officers shall serve until their successors are elected and installed.

SEC. 3.—The officers of this Association shall be elected by the House of Delegates on the morning of the last day of the Annual Session, but no delegate shall be eligible to any office named in the preceding section, except that of Councilor, and no person shall be elected to any such office who is not in attendance on that Annual Session, and who has not been a member of the Association for the past two years.

SEC. 4.—The Councilors shall be elected by the respective district societies, providing that if any district shall exist without a society the Councilor for such a district shall be elected by the House of Delegates. Provided further, that if a Councilor district society fails to meet and elect its Councilor, the Councilor for that district shall be elected by the House of Delegates.

#### ARTICLE X.—RECIPROCITY OF MEMBERSHIP WITH OTHER STATE SOCIETIES

In order to broaden professional fellowship this Association is ready to arrange with other State Medical Associations for an interchange of certificates of membership, so that members moving from one state to another may avoid the formality of reelection.

#### ARTICLE XI.—FUNDS AND EXPENSES

Funds shall be raised by an equal per capita assessment on each component society. The amount of the assessment shall be fixed by the House of Delegates, but shall not exceed the sum of \$5 per capita per annum, except on a four fifths vote of the delegates present. Funds may also be raised by voluntary contributions, from the Association's publications, and in any other manner approved by the House of Delegates. Funds may be appropriated by the House of Delegates to defray the expenses of the Association.

for publication, and for such other purposes as will promote the welfare of the profession. All motions and resolutions appropriating funds must be referred to the Council for approval before final action is taken thereon.

#### ARTICLE XII.—REFERENDUM

SECTION 1.—A General Meeting of the Association may, by a two-thirds vote of the members present, order a general referendum on any question pending before the House of Delegates, and when so ordered the House of Delegates shall submit such question to the members of the Association, who may vote by mail or in person, and if the members voting shall comprise a majority of all the members of the Association, a majority of such vote shall determine the question and be binding on the House of Delegates.

SEC. 2.—The House of Delegates may, by a two-thirds vote of its own members, submit any question before it to a general referendum, as provided in the preceding section, and the result shall be binding on the House of Delegates.

#### ARTICLE XIII.—THE SEAL

The Association shall have a common Seal, with power to break, change or renew the same at pleasure.

#### ARTICLE XIV.—AMENDMENTS

The House of Delegates may amend any article of this Constitution by a two-thirds vote of the Delegates present at any Annual Session, provided that such amendment shall have been presented in open meeting at the previous Annual Session, and that it shall have been published twice during the year in *THE JOURNAL* of this Association.

### BY-LAWS

#### CHAPTER I.—MEMBERSHIP

SECTION 1.—Any physician who is a member in good standing of a component county society and who has paid to this Association his annual dues is a member in good standing of the Indiana State Medical Association.

SEC. 2.—Any person who is under sentence of suspension or expulsion from a component society, or whose name has been dropped from its roll of members, shall not be entitled to any of the rights or benefits of this Association, nor shall he be permitted to take part in any of its proceedings until he has been relieved of such disability.

SEC. 3.—Each member in attendance at the Annual Session shall enter his name on the registration book, indicating the component society of which he is a member. When his right to membership has been verified, by reference to the roster of his society, he shall receive a badge, which shall be evidence of his right to all the privileges of membership at that session. No member shall take part in any of the proceedings of an Annual Session until he has complied with the provisions of this section.

#### CHAPTER II.—ANNUAL AND SPECIAL SESSIONS OF THE ASSOCIATION

SECTION 1.—The Association shall hold an Annual Session at such time and place as has been fixed by the House of Delegates at the preceding Annual Session.

SEC. 2.—Special sessions of either the Association or of the House of Delegates shall be called by the President on petition of twenty delegates or fifty members.

#### CHAPTER III.—GENERAL MEETINGS

SECTION 1.—All registered members may attend and participate in the proceedings and discussions of the General Meetings and the meetings of the Sections. The General Meetings shall be presided over by the President or by one of the Vice Presidents, and before them shall be delivered the address of the President and the orations, unless the Scientific Committee, with the sanction and approval of the officers shall arrange otherwise.

SEC. 2.—The General or Section Meetings may recommend to the House of Delegates the appointment of committees or commissions for scientific investigation of special interest and importance to the profession and public.

#### CHAPTER IV.—HOUSE OF DELEGATES

SECTION 1.—The House of Delegates shall meet at 7 p. m. on the day before that fixed as the first day of the Annual Session. It may adjourn from time to time as may be necessary to complete its business, provided that its hours shall conflict as little as possible with the General or Section Meetings. The order of business shall be arranged as a separate section of the program.

SEC. 2.—Each component county society shall be entitled to send to the House of Delegates each year one delegate for every fifty members, and one for each major fraction thereof, but each component society which has made its annual report and paid its assessments as provided in this Constitution and By-Laws, shall be entitled to one delegate.

SEC. 3.—Twenty delegates shall constitute a quorum.

SEC. 4.—It shall elect representatives to the House of Delegates of the American Medical Association in accordance with the Constitution and By-Laws of that body.

SEC. 5.—It shall divide the state into Councilor Districts, specifying what counties each district shall include, and when the best interests of the Association and profession will be promoted thereby, organize in each a district medical society, and all members of component county societies, and no others, shall be members of such district societies.

SEC. 6.—It shall have authority to appoint committees for special purposes from among members of the Association who are not members of the House of Delegates. Such committees shall report to the House of Delegates, and may be present and participate in the debate on their reports.

SEC. 7.—It shall approve all memorials and resolutions issued in the name of the Association before the same shall become effective.

SEC. 8.—Funds may be appropriated by the House of Delegates, subject to approval by the Council, for such purposes as will promote the welfare of the Association and the profession.

#### CHAPTER V.—ELECTION OF OFFICERS

SECTION 1.—All elections shall be by ballot, and a majority of the votes cast shall be necessary to elect.



SEC. 2.—The election of officers shall be the first order of business of the House of Delegates after the reading of the minutes on the morning of the last day of the Session.

SEC. 3.—Any person known to have solicited votes for or sought any office within the gift of this Association shall be ineligible for any office for two years.

#### CHAPTER VI.—DUTIES OF OFFICERS

SECTION 1.—The President shall preside at all General Meetings of the Association and of the House of Delegates; shall appoint all committees not otherwise provided for; he shall deliver an annual address at such time as may be arranged, and perform such other duties as custom and parliamentary usage may require. He shall be the real head of the profession of the state during his term of office, and as far as practicable, shall visit by appointment the various sections of the state and assist the Councilors in building up the county societies, and in making their work more practical and useful.

SEC. 2.—The Vice Presidents shall assist the President in the discharge of his duties. In the event of the President's death, resignation or removal, the Council shall elect one of the Vice Presidents to succeed him.

SEC. 3.—The Treasurer shall give bond in the sum of \$10,000. He shall demand and receive all funds due the Association, together with the bequests and donations. He shall pay money out of the Treasury only on a written order of the President, countersigned by the Chairman of the Finance Committee of the Council; he shall subject his accounts to such examination as the House of Delegates may order, and he shall annually render an account of his doings and of the state of the funds in his hands.

SEC. 4.—The Secretary shall attend the General Meetings of the Association, and the meetings of the House of Delegates, and shall keep minutes of their respective proceedings in separate record books. He shall be *ex officio* Secretary of the Council. He shall be custodian of all record books and papers belonging to the Association, except such as properly belong to the Treasurer, and shall keep account of and promptly turn over to the Treasurer all funds of the Association which come into his hands. He shall provide for the registration of the members and delegates at the Annual Session. He shall, with the cooperation of the secretaries of the component societies, keep a card-index register of all the legal practitioners of the state by counties, noting on each his status in relation to his county society, and, on request, shall transmit a copy of this list to the American Medical Association. He shall aid the Councilors in the organization and improvement of the county societies and in the extension of the power and usefulness of this Association. He shall conduct the official correspondence, notifying members of meetings, officers of their election, and committees of their appointment and duties. He shall employ such assistants as may be ordered by the Council, and shall make an annual report to the House of Delegates. He shall supply each component society with the necessary blanks for making their annual reports; shall keep an account with the component societies, charging against each society its assessments, collect the same, and at once turn it over to the Treasurer. Acting with the Committee on

Scientific Work, he shall prepare and issue all programs. The amount of his salary shall be fixed by the Council.

#### CHAPTER VII.—COUNCIL

SECTION 1.—The Council shall meet on the day preceding the Annual Session, and daily during the Session; in January, and at such other times as necessity may require, subject to the call of the chairman, or on petition of three Councilors. It shall meet on the last day of the Annual Session of the Association to organize and outline work for the ensuing year. It shall elect a chairman and a clerk, who, in the absence of the Secretary of the Association, shall keep a record of its proceedings. It shall, through its chairman, make an annual report to the House of Delegates.

SEC. 2.—Each Councilor shall be organizer, peace-maker, and censor for his district. He shall visit the counties in his district at least once a year for the purpose of organizing component societies where none exist; for inquiring into the condition of the profession, and for improving and increasing the zeal of the county societies and their members. He shall make an annual report of his work and of the condition of the profession of each county in his district the same to be published in the number of THE JOURNAL which is issued immediately preceding the Annual Session, and the report should be approved by the House of Delegates, with such recommendations as seem indicated. The necessary traveling expenses incurred by such Councilor in the line of the duties herein imposed may be allowed by the Council on a properly itemized statement, but this shall not be construed to include his expense in attending the Annual Session of the Association.

SEC. 3.—It shall, through its officers, and otherwise, give diligent attention to and foster the scientific work and spirit of the Association, and shall constantly study and strive to make each Annual Session a stepping stone to future ones of higher interest.

SEC. 4.—It shall, in connection with the House of Delegates consider and advise as to the material interests of the profession and of the public in those important matters wherein it is dependent upon the profession, and shall use its influence to secure and enforce all proper medical and public health legislation, and to diffuse popular information in relation thereto.

SEC. 5.—It shall make careful inquiry into the condition of the profession of each county in the state, and shall have authority to adopt such methods as may be deemed most efficient for building up and increasing the interest in such county societies as already exist, and for organizing the profession in counties where societies do not exist. It shall especially and systematically endeavor to promote friendly intercourse among physicians of the same locality, and shall continue these efforts until every physician in every county of the state who can be made reputable has been brought under medical society influence.

SEC. 6.—It shall encourage postgraduate and research work, as well as home study, and shall endeavor to have the results utilized and intelligently discussed in the county societies.

SEC. 7.—It shall, upon application, provide and issue charters to county societies organized to conform to the spirit of this Constitution and By-Laws.

SEC. 8.—In sparsely settled sections it shall have authority to organize the physicians of two or more counties into societies to be designated by hyphenating the names of two or more counties so as to distinguish them from district and other classes of societies; and these societies, when organized and chartered, shall be entitled to all the privileges and representation provided herein for county societies, until such counties may be organized separately.

SEC. 9.—The Council shall be the board of censors of the Association. It shall consider all questions involving the rights and standings of members, whether in relation to other members, to the component societies, or to this Association. All questions of an ethical nature brought before the House of Delegates or the General or Section Meetings shall be referred to the Council without discussion. It shall hear and decide all questions of discipline affecting the conduct of members of component societies on which an appeal is taken from the decision of an individual Censor, and its decision in all such matters shall be final.

SEC. 10.—The Council shall provide for and superintend all publications of the Association, and shall have authority to appoint an editor and such assistants as it deems necessary, and fix the amount of their salaries. The proceedings of the Council for the year shall be reported to the House of Delegates at the annual session, and be published in the number of *THE JOURNAL* which immediately precedes the Annual Session.

SEC. 11.—In the interim between the sessions of this Association the Council shall be the executive body of the Association with full power to fill vacancies or transact any business that emergencies or the welfare of the Association may require.

#### CHAPTER VIII.—COMMITTEES

SECTION 1.—The standing committees shall be as follows:

- A Committee on Arrangements.
- A Committee on Scientific Work.
- A Committee on Medical Defense.
- A Committee on Public Policy and Legislation.
- A Committee on Industrial and Civic Relationship.
- A Committee on Medical Education.

Such committees, except the one on Medical Defense, which is elected by the House of Delegates, shall be appointed by the President of the Association, and the President and Secretary of the Association shall be *ex officio* members of standing committees. The President also may appoint such other committees as may be necessary.

SEC. 2.—*The Committee on Arrangements* shall provide suitable accommodations for the meetings of the Association, including the House of Delegates, Council and of their respective committees, the scientific and commercial exhibits, and shall have general charge of all the arrangements. Its chairman shall report an outline of the arrangements to the Secretary of the Association for publication in the program, and shall make additional announcements during the session as occasion may require. The arrangements for and the character of any and all commercial exhibits must meet with the approval of the President and Secretary of the Association.

SEC. 3.—*The Committee on Scientific Work* shall consist of three members, of which the Secretary shall be one, and shall determine the character and scope

of the scientific proceedings of the Association for each session, subject to the instructions of the House of Delegates. Thirty days previous to each Annual Session it shall prepare and issue a program announcing the order in which papers, discussions, and other business shall be presented. Such program and all announcements concerning the Annual Session shall be published in the number of *THE JOURNAL* of the Association that is issued just prior to the Annual Session.

SEC. 4.—*The Committee on Medical Defense* shall consist of three members elected by the House of Delegates, those first chosen being elected for terms of one, two and three years, respectively, and thereafter one member to be elected yearly to serve for three years. This committee shall have full authority governing all matters pertaining to the medical defense features of this Association, and shall be governed by the rules and regulations provided for in the By-Laws of this Constitution.

SEC. 5.—*The Committee on Public Policy and Legislation* shall consist of three members, and the President and Secretary. Under the direction of the House of Delegates it shall represent the Association in securing and enforcing legislation in the interest of public health and of scientific medicine. It shall keep in touch with professional and public opinion, shall endeavor to shape legislation so as to secure the best results for the whole people, and shall strive to organize professional influence so as to promote the general good of the community in local, state and national affairs and elections.

SEC. 6.—*The Committee on Industrial and Civic Relationship* shall consist of five members appointed annually by the newly elected President. The duties of the committee shall be: To study, gather facts and become intimately acquainted with all and every movement wherever and by whomsoever agitated, proposed or attempted to enact or be enacted, that has as its secret or avowed object the providing of social, commercial or industrial medical insurance for the public, civic or commercial employees of persons; or for the providing of medical or surgical care to a group or groups of individuals singly or collectively. To devise and advise, whenever necessary, intelligent action on the part of this Association upon these questions. To represent this Association at any and all conferences such as civic or commercial propagandists may hold and by which dignified recognition is extended to the medical profession. To report annually and in writing, its findings, recommendations and information to the House of Delegates. Should occasion arise in the interval between the stated meetings of the House of Delegates and prompt action become imperative, the committee is to present its findings to the chairman of the Council and President who are empowered how to proceed in such emergencies by this Constitution and By-Laws.

SEC. 7.—*The Committee on Medical Education* shall consist of three members appointed by the President, one for one year, one for two years, and one for three years. Thereafter, one member to be appointed each year. The duties of this committee shall be to cooperate with the authorities of the Indiana University School of Medicine and the State Board of Medical Registration and Examination in efforts to improve the educational standards of the state as they pertain to the practice of medicine; to act in



conjunction with the members of the Council in providing postgraduate clinics or teaching for the various councilor medical districts of the state; and to select one of its own members as a delegate to the yearly Conference on Medical Education of the American Medical Association.

#### CHAPTER IX.—COUNTY SOCIETIES

SECTION 1.—All county societies now in affiliation with this Association or those which may hereafter be organized in this state, which have adopted principles or organization not in conflict with this Constitution and By-Laws, shall, on application, receive a charter from and become a component part of this Association.

SEC. 2.—As rapidly as can be done after the adoption of this Constitution and By-Laws, a medical society shall be organized in every county in the state in which no component society exists, and charters shall be issued thereto.

SEC. 3.—Charters shall be issued only upon approval of the Council and shall be signed by the President and Secretary of this Association. The Council shall have authority to revoke the charter of any component society whose actions are in conflict with the letter or spirit of this Constitution and By-Laws.

SEC. 4.—Only one component medical society shall be chartered in any county. Where more than one county society exists, friendly overtures and concessions shall be made, with the aid of the Councilor for the district if necessary, and all of the members brought into one organization. In case of failure to unite, an appeal may be made to the Council, which shall decide what action shall be taken.

SEC. 5.—Each county society shall be judge of the qualifications of its own members, but, as such societies are the only portals to this Association and to the American Medical Association, every reputable and legally registered physician who does not practice or claim to practice, nor lend his support to, any exclusive system of medicine shall be entitled to membership. Before a charter is issued to any county society, full and ample notice and opportunity shall be given to every physician in the county to become a member.

SEC. 6.—Any physician who may feel aggrieved by the action of the society of his county in refusing him membership, or in suspending or expelling him, shall have the right to appeal to the Council, and its decision shall be final.

SEC. 7.—In hearing appeals the Council may admit oral or written evidence as in its judgment will best and most fairly present the facts, but in case of every appeal, both as a board and as individual Councilors in district and county work, efforts at conciliation and compromise shall precede all such hearings.

SEC. 8.—When a member in good standing in a component society moves to another county in this state, his name, on request, shall be transferred without cost to the roster of the county society into whose jurisdiction he moves.

SEC. 9.—A physician living on or near a county line may hold his membership in that county most convenient for him to attend, on permission of the society in whose jurisdiction he resides.

SEC. 10.—Each component society shall have general direction of the affairs of the profession in its county, and its influence shall be constantly exerted for bettering the scientific moral and material condition of every physician in the county; and systematic efforts shall be made by each member, and by the society as a whole, to increase the membership until it embraces every qualified physician in the county.

SEC. 11.—At some regular meeting, in advance of the Annual Session of this Association, each county society shall elect a delegate or delegates and alternates to represent it in the House of Delegates of this Association, and the Secretary of the society shall send a list of such delegates and alternates to the Secretary of this Association at least thirty days before the Annual Session. No one shall be entitled to a seat in the House of Delegates unless his credentials as a delegate or alternate, properly signed by the Secretary and President of the County Society, be presented to the Committee on Credentials at the time of the Annual Session.

SEC. 12.—The Secretary of each component society shall keep a roster of all its members and of the nonaffiliated registered physicians of the county, in which shall be shown the full name, address, college and date of graduation, date of license to practice in this state, and such other information as may be deemed necessary. In keeping such roster the Secretary shall note any changes in the personnel of the profession by death, or by removal to or from the county, and in making his annual report he shall be certain to account for every physician who has lived in the county during the year.

SEC. 13.—The fiscal year of the Association shall be from January 1 to December 31, and all assessments shall be for the fiscal year and *payable in advance*. The Secretary of each component society shall forward the assessment for his society, together with the roster of officers and members and list of nonaffiliated physicians of the county, to the Secretary of this Association, on or before January 1 of each year, and he shall promptly report thereafter the names of any new members elected to membership in his society, and promptly forward to the Secretary of this Association the assessment for such new members. The assessment shall be the same for all members and entitle the members to all the benefits, including the publications of this Association, from the time of paying the assessment to the close of the fiscal year only.

SEC. 14.—Any county society which fails to pay its assessment or make the report required by February 1 of each year shall be held suspended, and none of its members or delegates shall be permitted to receive any of the publications of the Association or participate in any of the business or proceedings of the Association or of the House of Delegates until such requirements have been met.

#### CHAPTER X.—MISCELLANEOUS

SECTION 1.—No address or paper before the Association, except those of the President and orators, shall occupy more than twenty minutes in its delivery; and no member shall speak longer than five minutes, nor more than once on any subject, except by unanimous consent, except the first discussant, who shall be allowed ten minutes.

SEC. 2.—All papers read before the Association or any of the Sections shall become its property and shall not be published in any but the official publications of this Association except by consent of the officers and the Editor of *THE JOURNAL* of this Association. Each paper shall be deposited with the Secretary when read.

SEC. 3.—The deliberations of this Association shall be governed by parliamentary usage as contained in Robert's Rules of Order, when not in conflict with this Constitution and By-Laws.

SEC. 4.—The Principles of Medical Ethics of the American Medical Association shall govern the conduct of members in their relations to each other and to the public.

#### CHAPTER XI.—MEDICAL DEFENSE

SECTION 1.—Seventy-five cents out of the annual dues of each member of the Association shall be set aside as a special fund for Medical Defense.

SEC. 2.—Whenever such fund shall exceed the sum of \$6,000 the surplus over and above this amount shall be turned back into the general treasury or may be used for such other purposes as the House of Delegates may direct.

SEC. 3.—The administration of Medical Defense of this Association shall be intrusted to a permanent committee of three members to be elected by the House of Delegates; those first chosen to be elected for terms of one, two and three years, respectively, and thereafter one member to be elected yearly to serve for three years.

SEC. 4.—This committee shall have full authority governing all matters pertaining to the Medical Defense features of this Association; with power to employ counsel, summon and employ expert witnesses and incur such other expenses as in the judgment of the committee may be necessary in the defense of members against whom suits may be brought; provided, always, that the total expenditure in any single suit shall not exceed 25 per cent. of the fund available at the time suit is incurred.

SEC. 5.—The Treasurer of the Indiana State Medical Association shall be custodian of the Defense Fund, separately kept, and shall give an additional bond in the sum of \$6,000.

SEC. 6.—The Medical Defense Committee shall make an annual report to the House of Delegates of the cases in which it has been of service to members, and furnish an account of the money received and expended, such report to be published in *THE JOURNAL* of the Indiana State Medical Association at the time and in the manner that reports of other committees of the Association are published. The financial report of the committee shall be submitted to and approved by the Council.

SEC. 7.—The liability of this Association shall include only the expenses necessary for the legal defense of its members and not damages awarded.

SEC. 8.—The Association shall not undertake the defense of a member in a suit that may be brought to secure indemnity for services rendered prior to Jan. 1, 1912, nor in any case in which the member, who applies for medical defense by the Association, has failed to pay his annual dues for 1912 prior to the

rendering of services which are the basis of the suit; and that medical defense by the Association shall not be available to those who are delinquent, or to those who have not paid the annual dues of the Association prior to the rendering of services for which indemnity is asked. (Dues are payable on January 1, and become delinquent on February 1 of each year.) The membership card of this Association, duly signed and dated by the Secretary, shall be considered the only bona fide evidence of payment of dues or membership in this Association.

SEC. 9.—A member desiring to avail himself of the services of the Committee on Medical Defense in connection with litigation brought or threatened must first submit to a local committee of his county medical society—to be composed of the President, Secretary and one other member in good standing, who may be nominated by the defendant—a full statement of the question at issue, including the diagnosis and treatment of the case and the names of physicians, nurses and other persons having knowledge of the same, who may be summoned as witnesses.

SEC. 10.—The committee of the county medical society shall immediately, after an investigation of all the circumstances and facts, transmit its report, with recommendations, to the Committee on Medical Defense of this Association.

SEC. 11.—Accompanying such report from the county society, if favoring medical defense by the Association, there must also be furnished the written authority of the defendant granting to the Medical Defense Committee of this Association full power to act in his behalf, and an agreement that his case shall not be compromised or settled without the consent of a majority of the Committee on Medical Defense.

SEC. 12.—In the event that the county committee shall fail to recommend the case as one worthy of the recognition of this Association, a direct appeal may be made to the Committee on Medical Defense of this Association, whose decision shall be final.

SEC. 13.—Suits brought against the estate of a deceased member shall be defended as if that member were alive; provided, that such member was in good standing in the Association at the time of his death and that services for which indemnity is asked were rendered while the deceased was a member in good standing.

SEC. 14.—Each member of the Committee on Medical Defense of this Association shall be entitled to an honorarium of \$10 per diem for services actually rendered while at home, and \$30 per diem with traveling expenses, if required to go out of town in the investigation of any case or in attendance at court, and these same fees shall be allowed to expert witnesses under similar circumstances.

SEC. 15.—The Committee on Medical Defense shall have power to adopt such other rules, not in conflict with the foregoing, as in their judgment may seem necessary.

#### CHAPTER XII.—DIVISION OF FEES

This Association does not countenance or tolerate fee-splitting, division of fees, or commission paying directly or indirectly, and any member found guilty shall be expelled from membership.



## CHAPTER XIII.—AMENDMENTS

These By-Laws may be amended at any Annual Session by a majority vote of all the delegates present at that session, after the amendment has lain on the table for one day.

## INDIANAPOLIS MEDICAL SOCIETY

Meeting of the Indianapolis Medical Society at the Hotel Washington on Tuesday, Oct. 14, 1919, was called to order by the president, Dr. C. F. Neu. Minutes of the previous meeting were read and approved.

Dr. John W. Carmack read a paper on "Mastoiditis at Camp Taylor."

The object of this paper is a résumé of 220 mastoids, operated at Camp Taylor, during the winter of 1918-1919.

These cases were of unusual severity compared to the average in civil practice. Most of these followed an acute respiratory infection, such as, influenza, measles, streptococcus sore throat or tonsillitis and scarlet fever. The organism found in the majority of cases was the hemolytic streptococcus, with some showing a nonhemolytic streptococcus, staphylococcus, pneumococcus and a diphtheroid bacillus. It seems the influenza, measles, etc., paved the way for more virulent infection. A striking feature in most cases was a previous history of pathology in the nose and throat. The symptoms of mastoiditis, particularly pain, were very mild, but bone and tissue destruction was rapid and extensive. An early diagnosis and early operation was imperative to prevent serious complications. Several cases were operated during active respiratory inflammation, measles, etc. The roentgen ray was a valuable aid in diagnosis. Nitrous oxide-oxygen anesthesia was the most satisfactory anesthetic used.

The operation done was a very complete removal of the entire mastoid area, including the tip of the mastoid process. Best postoperative results were had where the dressing consisted of gauze saturated with a 2.5 per cent. dichloramin-T in oil. The average healing time was five weeks.

The mortality in this series was 5.5 per cent.

Dr. C. H. McCaskey said in discussion that low mortality shown was to be complimented. Such virulence as described by the essayist was not found in civil life. Such epidemic was probably due to lowered vitality incident to camp life. The care shown caught these cases early and thus lowered the mortality. More sinuses were infected following flu than was ordinarily suspected. He thought the mastoid involvement in middle ear infections might be due to the high pressure of gas before the drum is opened forcing the infection into the mastoid. Careful inspection of all ears following measles was urged.

Waiting for pain before diagnosing mastoiditis is a dangerous thing.

Roentgen ray is valuable aid in diagnosis and should be made frequently and by an expert. A quick stopping of discharge following a paracentesis should be watched carefully. The earlier a mastoid is operated the more hearing you preserve.

Dr. Wright said diagnosis is not a simple matter. The bulging posterior portion of the external canal and an indefinite headache point strongly to mastoiditis. He places little importance in roentgen ray in diagnosis. The complete removal of the mastoid is best from all standpoints. Advocated dry dressings.

Dr. Tomlin emphasized the point that all mastoiditis was not surgical. He said every case of otitis media has as a part of it a mastoiditis. Said a man in private

practice would not see so many cases of mastoiditis as was described by Dr. Carmack.

Dr. Padgett called attention to the fact that a large number of abdominal pus cases were seen by him during the flu epidemic and wondered if it might not have gained entrance through some of the sinuses.

Dr. Overman emphasized the fact that all mastoiditis was not surgical. Operation in some cases is wrong. Large majority of cases recover without operation. In private practice most cases do not follow infective diseases but are mastoiditis *per se*.

In closing Dr. Carmack said early drum incision is best procedure.

The roentgen ray benefits depend on the man interpreting the findings. In doubtful cases it is very valuable.

Dry dressing is often useful but on the whole not as satisfactory as the moist.

Meeting adjourned. Attendance 57.

DR. A. L. MARSHALL, Secretary-Treasurer.

## EIGHTH DISTRICT

The Eighth Indiana District Medical Society met in annual session at Muncie on October 16 under the direction of Dr. Leonard Schmauss, president, and H. D. Fair, secretary-treasurer. The program opened with a business session and the following officers were elected for the ensuing year: President, M. T. Jay, Portland; vice president, Charles Botkins, Farm-land; secretary-treasurer, C. A. Ball, Muncie. The next session is to be held in Muncie in October, 1920.

The following scientific program was carried out: "Clinical Endocrinal Dysfunction in Some of Our Acute and Chronic Infections," Charles A. Sellers; Case Reports; "Fractures and Dislocations," Thomas M. Jones; "First Aid," M. A. Welbourn; Stereopticon Lecture, "The Role of the Roentgen Ray in Diagnosis of the Surgical Abdomen," B. R. Kirklin; Question Box.

## ELEVENTH DISTRICT

The twenty-fourth meeting of the Eleventh District Medical Association was held at Wabash on October 16. The forenoon session was devoted to a clinic in charge of Dr. G. M. Lasalle of Wabash. The afternoon session opened with a symposium on "Epidemic Influenza," including the following papers: "Symptomatology and Diagnosis," Dr. G. G. Coffin, Monticello; "Etiology" (Primary and Secondary), Dr. Rodney Troutman, Logansport; "Treatment of Empyema," Dr. E. T. Dipple, Huntington; Radiographic Discussion (with slides), Dr. Fred M. Whisler of Wabash. Dinner was served at 6 o'clock and the evening program opened with an address by Dr. C. H. Good, Huntington, "The Doctor in War," and an address by Dr. George Richardson, Van Buren, on "Personalities." The ladies were entertained in the afternoon at a theater party followed by a reception at the home of Dr. and Mrs. L. O. Sholty.

The next meeting of the Association is to be held in Peru in May, 1920, and the election of officers, which formerly has been held at the fall meeting, has been changed to the spring meeting. Hence the present officers who have served the past year are held over for another six months. They are as follows: President, Dr. M. H. Krebs, Huntington; vice presidents, the president of each county society of the district; secretary-treasurer, Dr. J. H. Reed, Logansport.

## MONTGOMERY COUNTY

The Montgomery County Medical Society met in the Masonic Temple of Crawfordsville on Oct. 10, 1919. The program commenced at 5 p. m. with a lecture by Prof. G. H. Tapy of Wabash College on "The Sub-conscious Self." This was followed by a dinner given by the Eastern Star ladies. Dr. H. H. Elmore returned thanks for the hour. After dinner talks were given by Dr. Homer Davidson of Seattle, Wash.; Dr. W. T. Gott of Crawfordsville, who talked on the need of enlarging the local hospital, and Prof. George Leonard, of the city High School, on some of the achievements of the medical profession. This was followed by a social hour. Little Miss Eva Dean Squires, a 7-year-old artist from Waynetown, gave a number of songs and dances. Doctors, dentists, ministers, lawyers and their wives, nurses and their friends, numbering 140 were present at dinner. The out-of-town visitors were Dr. Lawson of Danville, Ind.; Dr. E. Hawkins, Greencastle; Dr. Kern, Lafayette; Dr. K. R. Ruddell, Indianapolis.

Adjourned.

W. J. BATMAN, M.D., President.

B. F. HUTCHINGS, M.D., Secretary.

## THE TRUTH ABOUT MEDICINES

## NEW AND NONOFFICIAL REMEDIES

Since publication of New and Nonofficial Remedies 1919, and in addition to those previously reported, the following articles have been accepted by the Council on Pharmacy and Chemistry of the American Medical Association for inclusion with "New and Nonofficial Remedies":

**TYPHOID PARATYPHOID BACTERIAL VACCINE, IMMUNIZING GILLILAND.**—Marketed in packages of three 1 Cc. ampules, one containing 250 million each killed paratyphoid A and B and 500 million killed typhoid bacilli, and two containing 500 million each killed paratyphoid A and B and 1,000 million killed typhoid bacilli, and in packages of three 1 Cc. syringes, one containing 250 million each killed paratyphoid A and B and 500 million killed typhoid bacilli, and two containing 500 million each killed paratyphoid A and B and 1,000 million killed typhoid bacilli. Gilliland Laboratories, Ambler, Pa. (*Jour. A. M. A.*, Oct. 11, 1919, p. 1137).

**HIRATHIOL.**—An aqueous solution of a synthetic product, the important medicinal constituents of which are ammonium compounds containing sulphur in the form of sulphonates, sulphones and sulphides. It is claimed that hirathiol is equivalent in every respect to the original ichthyol; hence, its actions, uses and dosage should be similar to that of the older preparation (see Sulphoichthyolate Preparations, New and Nonofficial Remedies, 1919, p. 319). Hirathiol is a syrupy, brownish-black liquid, having a characteristic empyreumatic odor. It is soluble in water, glycerin and alcohol. It is miscible with fats. Takamine Laboratory, Inc., Clifton, N. J.

**SOY BEAN GRUEL FLOUR.**—A flour prepared from the soy bean, having approximately the following composition: protein, 44; fat, 20; sucrose, 10; ash, 4.3; fiber, 2; water, 4.6. Soy bean gruel flour may be used for preparing muffins. It is indicated in cases in which a diet relatively free from carbohydrates is desired, as in diabetes, amylicaceous dyspepsia, etc. It has also been suggested for the diet in obesity. Cerezo Company, Tappan, N. Y. (*Jour. A. M. A.*, Oct. 18, 1919, p. 1215).

**ANTISTREPTOCOCCIC SERUM-GILLILAND.**—The serum of horses which have been immunized with virulent strains of hemolytic streptococci. Each package bears the statement "No U. S. Standard of Potency." Marketed in 10 Cc. syringes, 20 Cc. injecting packages and 50 Cc. injecting packages. Dose: 10 to 200 Cc. (see New and Nonofficial Remedies, 1919, p. 272). Gilliland Laboratories, Ambler, Pa. (*Jour. A. M. A.*, Oct. 25, 1919, p. 1287).

## PROPAGANDA FOR REFORM

**FORMALDEHYDE TABLETS.**—During the recent influenza epidemic a variety of tablets or lozenges were advertised which were claimed to owe their asserted value to the fact that they contained formaldehyde and liberated it on contact with the saliva. Tablets containing hexamethylenamine or other formaldehyde compounds can neither cure respiratory infection, nor even confer a protection against such infection. To be effective, formaldehyde would need to be supplied to the entire respiratory tract continuously for some time, or else in concentrations that would be distinctly irritant and damaging to the tissues. Some years ago, the Council reported on the inefficiency of Formamint, which was said to be an efficient germicide by virtue of the liberation of formaldehyde on contact with the saliva. To call attention to the inefficiency of this form of medication, the Council on Pharmacy and Chemistry now reports that the following were found inadmissible to New and Nonofficial Remedies: Hex-Iodin (Daggett and Miller Company, Inc.), Formotol Tablets (E. L. Patch Company) and Cin-U-Form Lozenges (McKesson and Robbins) (*Jour. A. M. A.*, Oct. 4, 1919, p. 1077).

**SOLUBILITY OF INTESTINAL IPECAC PREPARATIONS.**—T. Sollmann reports that in the administration of ipecac preparations against intestinal amebas, salol coated pills are not always satisfactory, although with due care, it appears quite feasible. He reports that emetin bismuth iodid, which is described in New and Nonofficial Remedies, is only slightly soluble in water and dilute acid, but dissolves quite freely in 1 per cent. sodium bicarbonate solution. It is somewhat soluble in the stomach and produces some digestive disturbances. Alcresta ipecac, an adsorption product of ipecac and fuller's earth, though sold with the claim that the alkaloids are "physiologically inert as long as they remain in the stomach, and are rendered active when set free in the alkaline media of the intestine," was found by Sollmann not to be decomposed with liberation of alkaloid by solutions having the alkalinity of the intestinal fluid. Ordinarily, it would not be expected that a substance which is quite insoluble in the intestines should still be effective on amebas. The findings of Sollmann demand a careful examination of the clinical evidence on which the use of alcresta ipecac is based (*Jour. A. M. A.*, Oct. 11, 1919, p. 1125).

**MORE MISBRANDED NOSTRUMS.**—Rubino Healing Springs Lithia Water was found misbranded under the Federal Food and Drugs Act because it did not contain enough lithia to entitle it to the name "lithia water" and because of false claims as to its therapeutic value. Lower's Hot Springs Pure Blood Remedy was declared misbranded because it was falsely represented to be a treatment or remedy for syphilis, paralysis, catarrh, eczema, malaria and other diseases. Analysis showed it to be a weak alcoholic solution containing sugars, small amounts of chlorides, iodides and sulphates (probably as the sodium salt), and vegetable extractives, among which are podophyllum and an atropin-bearing drug. Kuhn's Rheumatic Specific was declared misbranded because it was sold as a cure for all forms of rheumatism, neuralgia, blood diseases, lumbago, etc. It was found to be a water-alcohol solution containing essentially potassium



iodid, iodine and sugar with indications of small amounts of plant material and aromatics. Schade's Specific and Female Regulator was declared misbranded because the therapeutic claims for this "female regulator" were found false. It was a water-alcohol solution containing chiefly sugar, aromatics, essential oils, licorice and bitter plant extractives (*Jour. A. M. A.*, Oct. 11, 1919, p. 1151).

**THE WILLIAM A. WEBSTER COMPANY AND THE DIRECT PHARMACEUTICAL COMPANY.**—The Direct Pharmaceutical Company of St. Louis is apparently merely a sales agency for the William A. Webster Company of Memphis, Tenn. In government bulletins issued in October, 1913, there were reported some cases of adulteration and misbranding on the part of the William A. Webster Company. In a similar bulletin issued in August, 1914, there were reported several more cases of adulteration and misbranding charged against the William A. Webster Company. In a government bulletin issued in June, 1917, the same company was charged with adulterating and misbranding Aspirin tablets (*Jour. A. M. A.*, Oct. 18, 1919, p. 1231).

**AN UNCRITICAL ENGLISH ENDORSEMENT OF COLLOIDS.**—Under the auspices of the English Association for the Advancement of Science, there has appeared a report on the present status of colloidal chemistry. A chapter on the "Administration of Colloids in Disease" is devoted largely to the "Colloids," proprietary preparations made by the Crookes Laboratory. In it, the advertising "literature" of the Crookes concern appears to have been considered ample source of information. In the United States the medical profession has been informed by the Council on Pharmacy and Chemistry that a number of the "Colloids" preparations were not colloids at all "if . . . injected intravenously as directed, death might result, making the physician morally if not legally liable." The Council also reported that in cases in which the therapeutic claims were examined, the claims were improbable or exaggerated and that "Colloidal Cocaine" did not contain the claimed amount of cocaine (*Jour. A. M. A.*, Oct. 18, 1919, p. 1218).

**THE PATENTING OF NEW THERAPEUTIC AGENTS.**—Enterprising pharmaceutical manufacturers have usually been ready to appropriate the results of scientific research by investigators or therapeutic measures suggested by practicing physicians. Not infrequently, in such cases, the desire for financial gain has caused the marketing of such products with extravagant, if not false, claims as to their value. Therefore, though it is unethical for physicians to receive remuneration from patents on medicines or instruments, it is important that new therapeutic agents discovered in our research institutions be protected by patenting them and thus to so control them that they may be available without subordination to commercial interests. In 1914, the House of Delegates of the American Medical Association passed a resolution to the effect that the board of trustees of the Association should accept at its discretion a patent on a medicine or surgical instrument, as trustee, for the benefit of the profession and the public, provided that neither the Association nor the patentee should receive remuneration for this patent. The Rockefeller Institute for Medical Research has solved the problem in a similar manner. Certain products discovered there have been patented. It is proposed to permit the manufacture of such discoveries under license by suitable chemical firms and under conditions which will insure the quality of the drugs and their marketing at reasonable prices. It is further announced that the Institute will not receive any royalties or pecuniary benefits from the licenses it issues (*Jour. A. M. A.*, Oct. 18, 1919, p. 1219).

**ANASARCIN ADVERTISING.**—Dr. Louis Heitzman reports that charts and part of the text of a book by him is being used as advertising by the Anasarcin

Company, and that his publishers think that, in spite of the violation of copyright, nothing can be done. Knowing the standards of ethics the Anasarcin Company adopts in the exploitation of its ridiculous squill mixture "Anasarcin," the appropriation of copyrighted material is not surprising. However, something can be done by those who hold the copyright (*Jour. A. M. A.*, Oct. 18, 1919, p. 1232).

**P. PRESTO COMPANY.**—This company, also known as "The Presto Manufacturing Company" and "The Presto Company," was a mail order concern operated from Albany, Ore., by one Edward F. Lee. Lee is now in the penitentiary, and the Presto Company has been debarred from the U. S. mails. Lee's business was that of selling on the mail order plan what he termed his "New Method Treatment for Sexual Weakness and Varicocele in Men" (*Jour. A. M. A.*, Oct. 25, 1919, p. 1302).

**AN INSIDIOUS INFLUENCE.**—A knock at the door. A gentleman with a grip full of samples and literature is ushered in. After a pleasant chat in which you are "informed" about the action of the particular remedies in which he is interested, he leaves you samples and departs. You turn to New and Non-official Remedies and find no mention of his remedy. Why? Because the Council on Pharmacy and Chemistry of our national organization has investigated the article and found sound reason why it should not be used by the profession, or else, the manufacturer did not deem it advisable even to submit the article (*Minnesota Medicine*, September, 1919, p. 355).

**A PHARMACEUTICAL CLEARING HOUSE.**—The Council on Pharmacy and Chemistry of the American Medical Association is carrying on a work of great usefulness to doctor and layman. Actuated by no selfish interests, condemned by designing sharks who wish to exploit their frauds, and ridiculed by the jealous manufacturers of pharmaceuticals, the Council pursues the even tenor of its labors, playing no favorites, exposing frauds wherever found, and awaiting not the stamp of approval, of praise, or of gratitude from any one. This "clearing house" is the medium through which physicians may learn the unvarnished, straightforward truths about proprietary products. A plea of ignorance of proprietary articles used does not excuse the physician, since it is his duty to follow the course of instruction offered by the Council and to appeal to this clearing house for information (*Southern Medical Journal*, September, 1919, p. 581).

## BOOK REVIEWS

### THE ORTHOPEDIC TREATMENT OF GUNSHOT INJURIES.

By Leo Mayer, M.D., Instructor in Orthopedic Surgery, New York Postgraduate Medical School and Hospital, with an introduction by Col. E. G. Brackett, M. C., N. A., Director of Military Orthopedic Surgery. 12mo of 250 pages, with 184 illustrations. Philadelphia and London: W. B. Saunders Company, 1918. Cloth, \$2.50 net.

This is a very timely book, the product of one who knows whereof he speaks. The author divides the subject into two parts: Part 1, "At the Front"; Part 2, "At the Base Hospital." Fortunately there is now no longer any "Front." However, many of the points made in this part of the work are applicable to every day accident surgery, while the subjects treated in the second part are such subjects as one meets in every day work.

The author's style is clear and terse and the illustrations are very good. The book deserves a large sale.

(Continued on adv. page xciii)



Doctor:-

Have you a case in which a hematinic is immediately necessary? There are a great many where the oxygen carrying power of the blood is reduced to an extent that makes increase of hemoglobin essential.

Extract of Red Bone Marrow (Armour) is hematogenetic and is prepared for that kind of cases. Extract of Red Bone Marrow is entirely free from alcohol. It is palatable and when given well diluted with cold water is easily appropriated.

*Literature on the endocrine gland preparations on request*

**Thromboplastin** (Armour) is a specific hemostatic 25 c. c. vials.

**Pituitary Liquid** (Armour) is free from preservatives and is standardized— $\frac{1}{2}$  c.c. and 1 c. c. ampoules.

**ARMOUR AND COMPANY**  
CHICAGO

**Thyroids** (Armour) standardized. Thyroid Tablets  $\frac{1}{4}$ ,  $\frac{1}{2}$ , 1 and 2 grains.

**Corpus Luteum** (Armour) gives results. Powder, two grain tablets, 2 and 5 grain capsules.



*"It is not so much where one takes the treatment, as how he takes it."—Brehmer.*

## The Rockhill Sanatorium for the Treatment of Tuberculosis

Beautifully situated on Indian Hill, ten miles from the center of the city

A modern home-like institution with every convenience where the cardinal points of the treatment—rest, fresh air, nutritious food, and peace of mind can be had. Write for booklet.

Artificial Pneumothorax and Tuberculin  
given in suitable cases

City Office 910 Union Central Bldg., CINCINNATI, OHIO

DR. C. S. ROCKHILL  
Medical Director

## We spare no efforts

to maintain the high standard of our products.

Whenever it is impossible to get supplies of certain drugs and chemicals of that unimpeachable quality that we demand and the medical profession confidently expect when our pharmacals are used, we stop making that pharmaceutical—and that has happened a number of times since 1914.

Call that ultra-conscientiousness if you will—but it's our way of living up to our policy of "good goods—or none at all."

SHARP & DOHME



(Continued from page 320)

WHAT WE KNOW ABOUT CANCER. A Handbook for the Medical Profession. Prepared by a Committee of the American Society for the Control of Cancer. Chicago: American Medical Associated Press, 1918.

The American Society for the Control of Cancer has been in existence and working effectively for a number of years. The sole object of the society, at present at least, is the "dissemination of facts in regard to cancer to the end that its mortality may be reduced by a wider knowledge of the disease."

The effort represented by the present pamphlet has perhaps the most far-reaching possibilities for good of any single attempt to lessen cancer mortality undertaken in this country.

It is no longer necessary to argue the point that delay is the one great factor in cancer mortality. At least four-fifths of cancer deaths could be prevented by early recognition. The conditions necessary for recognition of cancer in ample time for cure are not ideal but distinctly practicable. Public education is one important pathway of improvement, but education of the medical profession itself is of equal if not greater importance. Statistical studies have shown that in the majority of cases the doctor has had the cancer patient "under observation" over a year before efficient curative treatment is instituted. It is needless to state that during this year the majority of cases have changed from curable to incurable. As the pamphlet itself somewhat mildly puts it, "The conditions call for a far keener appreciation of responsibility for the mortality from cancer than now generally exists in the medical profession."

It is not possible to abstract this pamphlet which is already so condensed. The general facts concerning cancer are outlined and then each important type and site of cancer is taken up in detail and the forms, symptoms, standard treatment, and results to be expected are outlined for each type.

The chief point we would make here is that if every medical man would study and seriously apply the teaching in this pamphlet, which he can read in an hour, the question of delay in cancer would be solved in so far as it is referable to the medical profession. The ultimate possible good obtainable from the widespread dissemination of this pamphlet is so great that we would urge every possible means to get it into the hands of as many medical men of all classes as possible. It can be had from the American Medical Association, 535 North Dearborn Street, Chicago, for 10 cents. If you are a trained surgeon get it. It will interest you. If you are further afield get it and study and apply it. If you feel misgivings that some of your cases in the past might have been saved had you been more sure and acted more promptly (and who of us does not have such misgivings) get it. It will help you in future cases.

We would especially beg the assistance of boards of health, both state and municipal and of medical societies in distributing the pamphlet. It can be bought cheaper in quantities and sent out with your other mail matter with almost no extra cost or trouble. When such a simple means for such far-reaching good is in our hands it is a pity to let it lie neglected.

## SUCCESSFULLY PRESCRIBED OVER ONE-THIRD CENTURY

# "Horlick's"

**The STANDARD product, assuring the most  
reliable results from the use of Malted Milk**

Imitators cannot reproduce our Original process and consequently lack the distinctive quality and flavor of the Genuine "Horlick's"

*For information concerning medical and surgical  
uses, and for prepaid samples, write—*

**Horlick's Malted Milk Co.**  
RACINE, WIS.

PURITYPOTENCYTRUSTWORTHINESS

CHARACTERIZE ALL OF

# SQUIBB'S BIOLOGICALS

AS WELL AS ALL SQUIBB PHARMACEUTICALS AND CHEMICALS

*PARTICULARLY WORTHY OF NOTE FOR USE AT THIS TIME OF THE YEAR ARE*

## TYPHOID VACCINE

## TETANUS ANTITOXIN

Which always should be used early, therefore kept on hand ready for immediate use.

## ANTI-MENINGITIC SERUM (Polyvalent)

Equally balanced against all types of Meningococci.

## DIPHTHERIA ANTITOXIN (Globulin)

Which is small in bulk for the number of units, as is also the Squibb Tetanus Antitoxin.

## THROMBOPLASTIN (Containing all cerebral haemostatic substances, including Kephalin in full amount)

For local use and use hypodermically. Causes physiological clotting without danger of Thrombosis or of Embolism.

## LEUCOCYTE EXTRACT (Is a Sterile Extract of Healthy Leucocytes)

For use alone or with vaccines and serums. It increases Leucocytosis and Phagocytosis.

---

 Full Directions with Each Package
 

---




---

 Complete Literature on Request
 

---

**E. R. SQUIBB & SONS, NEW YORK**

MANUFACTURING CHEMISTS TO THE MEDICAL PROFESSION SINCE 1858.

80 BEEKMAN STREET



# THE HOUSE WITH A POLICY

## 6. *Our Research Equipment.*

WE end this series of talks, as we began it, with a reference to our research equipment. For research, after all, is the fundamental doctrine in our creed.

Our principal function is to co-operate with the physician by placing at his disposal for the treatment of disease the most effective medicaments which science can produce. These medicaments may be old and familiar agents, in which case our purpose is to bring them up to the highest pitch of improvement. Or they may be entirely new contributions to the materia medica of the day. In either event continuous research and experimentation become imperatively necessary.

And so, as the years have rolled on, we have gradually built up a Research Laboratory of which we are proud. It stands out on the bank of the Detroit River, apart from our main plant, and its very isolation typifies the spirit of the enterprise. Here our investigators are surrounded with the true atmosphere of research work. They may spend months and even years in the completion of a given task, and the only obligation is that they shall do it conscientiously and well.

Physicians who visit our plant for the first time are invariably astonished at the size, scope and character of this Research Laboratory. They are surprised that we have such an equipment. They are amazed that a commercial house can be so thoroughly dedicated to the ideals of science. They ask us why it is that we have never adequately told the medical profession what we are doing, and always have been doing, along the lines of original investigation.

At the present time our research work is separated into sixteen sections. Over each section is a man of specialized training, and he is frequently of national and even international reputation. Each investigator has one or more technicians and other assistants, and altogether there is a research staff of about seventy.

The work is exceedingly varied in character. It covers the fields of pharmaceutical chemistry, biological chemistry, nutritional chemistry, bacteriology, pathology, physiology, cytology, parasitology, pharmacology, and the like. The task ramifies from year to year. It becomes more and more complex. And the future will doubtless witness a far greater development than the past has shown.

PARKE, DAVIS & COMPANY

# THE JOURNAL

OF THE

## Indiana State Medical Association

Owned, Published and Controlled by the Indiana State Medical Association

ISSUED MONTHLY under the Direction of the Council

VOLUME XII  
NUMBER 12

FORT WAYNE, IND., DECEMBER 15, 1919

PER YEAR \$1.50  
SINGLE COPY 20 CENTS

### CONTENTS

ORIGINAL ARTICLE	PAGE		PAGE
Treatment of Tetanus with Report of Six Cases. Chas. G. Beall, M.D., Fort Wayne, Ind.....	321	A Record of Indiana Doctors in the War.....	332
		Editorial Notes .....	333
<b>SPECIAL ARTICLE</b>		<b>SOCIETY PROCEEDINGS</b>	
The Indiana University School of Medicine, and the Robert W. Long Hospital .....	323	Indianapolis Medical Society.....	344
		Eleventh District .....	345
<b>EDITORIALS</b>		<b>MISCELLANEOUS</b>	
The Slaughter of Teeth and Tonsils.....	329	Deaths .....	338
Traitors and Disloyalists.....	330	News Notes and Personals.....	339
Keep Up Your War Risk Insurance.....	331	The Truth About Medicines.....	346
Credit Where Credit Is Due.....	331	Book Reviews .....	349
		Index to Volume XII.....	353

NEXT ANNUAL SESSION, SOUTH BEND, SEPT. 22, 23, 24, 1920.

LIST OF OFFICERS AND COMMITTEES ON ADV. PAGE 2.

ENTERED AS SECOND CLASS MATTER, JANUARY 20, 1908, AT THE POSTOFFICE AT FORT WAYNE, INDIANA, UNDER ACT OF CONGRESS OF MARCH 3, 1879. ACCEPTED FOR MAILING AT SPECIAL RATE OF POSTAGE PROVIDED FOR IN SECTION 1103, ACT OF OCTOBER 3, 1917, AUTHORIZED OCTOBER 18, 1918.

## DISEASES OF THE NERVOUS SYSTEM—JELLIFFE & WHITE

THE NEW (3rd) edition has been remodeled and largely rewritten and is *just off press*. In the fields of vegetative neurology and of the endocrinopathies new data have accumulated in large volume in the past two years; and a careful selection has been made of material which will best serve the practical purposes of the student and practitioner. In these chapters the student may see the trend of the development in this rapidly enlarging field. The chapters on sensorimotor neurology have been carefully revised to accord with many new observations which the great war has afforded.

In the third part the enlargements have been mostly along the lines of an interpretative presentation of the psychoses, with an increased emphasis on a description of the mechanisms involved rather than upon the grouping of certain symptom-complexes under conventional captions. Throughout the book there is built up a conception of that interrelation and interdependence between the several divisions of the subject which is their characteristic in nature.

### CONDENSED TABLE OF CONTENTS

Introduction: Principles Underlying Classification of Diseases of Nervous System—Methods of Examination of Nervous System.

PART I.—THE PHYSICOCHEMICAL SYSTEMS—The Neurology of Metabolism—Vegetative or Visceral Neurology—The Endocrinopathies.

PART II.—SENSORIMOTOR SYSTEMS—Sensorimotor Neurology: Cranial Nerves—Affections of the Peripheral Neurons: Lesions of the Spinal Cord—Diseases of the Brain—Neurosyphilis, etc.

PART III.—PSYCHICAL OR SYMBOLIC SYSTEMS—Neuroses, Psychoneuroses, Psychoses: The Psychoneuroses and Actual Neuroses—Dementia Praecox (Schizophrenia) Group—Psychoses Associated with Organic Diseases, etc.—Index

By Smith Ely Jelliffe, M.D., Ph.D., Formerly Professor of Psychiatry, Fordham University, and Formerly Adjunct Professor of Diseases of the Mind and Nervous System, New York Post-Graduate Medical School and Hospital, and William A. White, M.D., Superintendent of St. Elizabeth's Hospital, Washington, D.C.; Professor of Nervous and Mental Diseases, George Washington University, and Lecturer on Psychiatry, U. S. Army and U. S. Navy Medical Schools.

Octavo, 1018 pages, with 470 engravings and 12 plates.

Cloth, \$8.00 net.

PHILADELPHIA  
706-710 Sansom Street

LEA & FEBIGER

NEW YORK  
2 West 5th Street



# THE INDIANA STATE MEDICAL ASSOCIATION

Next Annual Session, South Bend, September 22, 23 and 24, 1920

## OFFICERS AND COMMITTEES FOR 1920

President .....	CHARLES H. McCULLY, Logansport
1st Vice President .....	BUDD VAN SWERINGEN, Fort Wayne
2d Vice President.....	SAMUEL HOLLIS, Hartford City, Ind.
3d Vice President.....	CHARLES STOLTZ, South Bend
Secretary-Treasurer.....	CHAS. N. COMBS, Terre Haute
Executive Secretary .....	FREDERICK E. SCHORTEMEIER
Acting Executive Secretary.....	F. E. RASCHIG, 314 Hume-Mansur Bldg., Indianapolis

## SECTION OFFICERS

Surgical Section—Chairman, James Y. Welborn, Evansville; Vice Chairman, M. R. Combs, Terre Haute; Secretary, H. O. Shafer, Rochester.

Medical Section—Chairman, Charles P. Emerson, Indianapolis; Vice Chairman, B. S. Hunt, Winchester; Secretary, Jane Ketcham, Indianapolis.

Eye, Ear, Nose and Throat Section—Chairman, John R. Newcomb, Indianapolis; Secretary, E. M. Shanklin, Hammond.

## DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION

For one year (term expires December 31, 1920), Joseph Rilus Eastman, Indianapolis. Alternate, Miles F. Porter, Fort Wayne. For two years (term expires December 31, 1921), Albert E. Bulson, Jr., Fort Wayne; George W. Spohn, Elkhart. Alternates, C. D. Humes, Indianapolis; B. D. Myers, Bloomington.

## COUNCILORS

Chairman, G. W. H. Kemper, Muncie.

DISTRICT	TERM EXPIRES	DISTRICT	TERM EXPIRES
1st—J. Y. Welborn, Evansville.....	December 31, 1920	7th—T. B. Eastman, Indianapolis.....	December 31, 1920
2d—J. B. Maple, Sullivan .....	December 31, 1921	8th—G. W. H. Kemper, Muncie.....	December 31, 1921
3d—Walter Leach, New Albany.....	December 31, 1922	9th—William R. Moffitt, Lafayette.....	December 31, 1922
4th—A. G. Osterman, Seymour.....	December 31, 1920	10th—E. M. Shanklin, Hammond.....	December 31, 1920
5th—Spencer M. Rice, Terre Haute.....	December 31, 1921	11th—G. G. Eckbart, Marion.....	December 31, 1921
6th—T. S. Spilman, Connersville.....	December 31, 1922	12th—E. E. Morgan, Fort Wayne.....	December 31, 1922
		13th—H. M. Miller, South Bend.....	December 31, 1920

(See list of committees on page iv)

# FREE

Sterile  
Specimen  
Containers  
Slides  
Culture  
Media and  
Complete  
Fee Table  
on request

Write or  
Wire

# Clinical Laboratory Analyses

The kind of clinical laboratory work that commands respect

Wassermann and other complement fixation tests ...\$5.00

Autogenous Vaccines. In single vials or ampules ..\$5.00

Lange Colloidal Gold test of Spinal fluid .....\$5.00

Tissue Diagnoses. Frozen section, paraffin or celloidin \$5.00

ABDERHALDEN PREGNANCY and other  
Abderhalden reactions.....\$5.00

MILK, FOOD, SANITARY AND TOXOLOGICAL INVESTIGATIONS

Accurate Analyses of All Secretions, Excretions and Body Fluids

ESTABLISHED BY  
DR. M. HERZOG  
DR. H. C. SWEANY  
DR. MEYER D.  
MOLEDEZKY  
DIRECTOR

*Laboratory of*  
**PATHOLOGY AND BACTERIOLOGY**  
THE MOST MODERN EQUIPPED LABORATORIES IN THE U.S.

1130 MARSHALL FIELD ANNEX—25 E. WASHINGTON ST.

PHONE  
RANDOLPH  
6552-6553  
CHICAGO  
ILL.

# THE JOURNAL

OF THE

## INDIANA STATE MEDICAL ASSOCIATION

DEVOTED TO THE INTERESTS OF THE MEDICAL PROFESSION OF INDIANA

ISSUED MONTHLY under Direction of the Council

ALBERT E. BULSON, Jr., B.S., M.D., Editor and Manager

OFFICE OF PUBLICATION: 406 West Berry Street, FORT WAYNE, INDIANA

VOLUME XII

FORT WAYNE, IND., DECEMBER 15, 1919

NUMBER 12

### ORIGINAL ARTICLE

#### TREATMENT OF TETANUS WITH REPORT OF SIX CASES \*

CHAS. G. BEALL, M.D.  
FT. WAYNE, IND.

The prophylactic use of tetanus antitoxin is such a well recognized procedure that its use will not be discussed. The method of local treatment of the portal of entry of the tetanus bacillus is likewise fairly well standardized. The methods of treating the developed case of tetanus are many and various. The medicinal treatment by chloral hydrate, bromids, morphin and other nerve sedatives certainly has its place but it has not had much if any influence on the mortality. An enormous amount of clinical and experimental work has been done in devising some method which would lower the very high mortality of developed tetanus.

Gessner,<sup>1</sup> from the Charity Hospital of Louisiana from 1840 to 1899, gives the mortality as 79.1 per cent. Osler says the mortality of traumatic cases is not less than 80 per cent. Richter gives a mortality of 88 per cent. in which serum is not used.

The principal present day methods of treating lock jaw in addition to the above mentioned nerve sedatives a Bacelli's carbolic acid treatment, the subcutaneous or intraspinal injection of a solution of magnesium sulphate and the use of large amounts of antitetanic serum. Bacelli's method consists of subcutaneous injection of 5 to 10 c.c. of a 0.5 per cent. solution of carbolic acid every two hours. This method has been popular in Italy and other European countries, but it is difficult to judge of the results because I have been unable to find reports of series of cases treated by one man. Isolated cases and groups of two or three cases can be

found but it is not reasonable to draw conclusions from such cases as the natural tendency is to report cures and not report failures. If only larger series, treated by one individual, are tabulated, the final results will more nearly give the truth. In 1906 Meltzer and Auer<sup>2</sup> reported the use of intraspinal injections of magnesium sulphate in the treatment of experimental tetanus in monkeys and shortly after this its use in human beings, both intraspinally and subcutaneously. The dosage by the intraspinal route should be 1 c.c. of a 25 per cent. solution for every 10 kg. (22 pound) body weight. The method by the subcutaneous route consists of injecting 10 c.c. of a 25 per cent. solution four times a day (for a normal male adult) and if severe spasms occur the amount may be increased. Meltzer and his pupils have never claimed that the drug could do more than relax the tetanized muscles, thus conserving the patient's strength and gaining time not only for the neutralization of all free toxin by antitoxin but also for the recovery of the nerve centers already affected by their union with toxic elements and there is no experimental evidence for believing that it does any more than this.

It is difficult to draw accurate conclusions from the reported cases treated by this method but on the whole one is favorably impressed by the results. A very comprehensive summary of the method is presented by Roberston.<sup>3</sup> It should be remembered that the magnesium salts given in this way are very powerful depressants and if this effect is too great it can be neutralized by the intramuscular or intravenous injection of 5 to 10 c.c. of 3 to 5 per cent. solution of calcium chlorid. Physostigmin is another drug which will counteract the depressing effect on the respiratory center. Patients under the magnesium treatment must be watched very carefully for the reason that the therapeutic effect desired, approaches closely the toxic effect.

\* Read before the Fort Wayne Medical Society, Nov 4, 1919.  
1. Jour. A. M. A., Vol. lxxi, p. 867.

2. Jour. Exper. Med., 1906. Vol. viii, p. 692.  
3. Arch. Int. Med., Vol. xvii, No. 5, p. 677.



The serum treatment of the disease dates from about 1890. At first the serum was used only by subcutaneous injection. Later it was used intraneurally (in the nerves leading from the site of the injury), intramuscularly, intraspinally and intravenously. Of late years the use of large amounts of the serum by the two last named methods has been in vogue. Gessner<sup>4</sup> reports on 368 cases at the Charity Hospital of Louisiana. From 1840 to 1889 the mortality was 79.1 per cent., from 1889 to 1917 (after the introduction of the serum) the mortality was 70.7. The mortality of cases in which less than 10,000 units of the antitoxin was used was 70.7 per cent. Cases in which more than 10,000 units was given the mortality was 56.6 per cent., the reduction in mortality being chiefly in children. In a review of the recent American literature, together with the present reported cases, a series of 70 cases was collected. In making this collection only comparatively large series of cases were used and presumably all that came to one institution or man. Isolated cases were not included because of the tendency

TABLE 1.

Incubation	Cured	Died	Mortality
Seven days or under .....	8	9	53 %
Incubation over 7 days .....	24	17	41.5%
Incubation unknown .....	8	4	33 %
Total .....	40	30	42.8%
Severe cases .....	21	26	55.3%
Mild .....	16	1	5.9%
Type unknown .....	4	2	33.3%

Average amount of antitoxin per case 70,000 units.

to report favorable cases and not to report the unfavorable ones. Table 1 (Irons: Jour. A. M. A., 64:1552, 14 cases. Niccoll: Jour. A. M. A., 64:1982, 20 cases. Ashurst and John: Jour. Am. M. Sc., 164:77, 23 cases. Gibson: Jour. Am. M. Sc., 152:781, 7 cases. Author, 6 cases), gives a summary of the results.

The following is a brief report of the cases that have been admitted to the Lutheran Hospital, service of Dr. H. A. Duemling, in the past year:

E. J., female, age 7. Referred by Dr. Luckey, Wolf Lake, Ind. Admitted to hospital in July, 1919. Scratched left knee with pitchfork 12 days before symptoms began. Treatment began on third day of symptoms of tetanus. Very severe case, great rigidity, opisthotonos, many convulsions. Received morphin and chloral. Total tetanus antitoxin, 81,000 units; intraspinous, 16,000 units; intravenous, 45,000 units; subcutaneous, 20,000 units. Discharged cured August 9, 1919.

G. P., male, age 12. Referred by Dr. Wybourn, Ossian, Ind. Admitted to hospital Sept. 11, 1919. No definite history of injury. Several scratches on feet and hands. First symp-

toms September 9. Received 10,000 units antitoxin September 10. Severe case, great rigidity and convulsions. Received morphin and chloral. Total tetanus antitoxin, 90,000 units; intraspinous, 5,000 units; intravenous, 75,000 units; subcutaneous, 10,000 units. Discharged cured Sept. 25, 1919.

F. S., male, age 10. Referred by Dr. Leedy, Piercetown, Ind. Admitted to hospital Sept. 16, 1919. Toe mashed September 3. First symptoms September 14. Very severe case, great rigidity, opisthotonos and convulsions. Total antitoxin, 180,000 units; intraspinous, 50,000 units; intravenous, 120,000 units; intramuscular, 10,000 units. Discharged cured Oct. 7, 1919.

L. W., female, age 5. Referred by Dr. Long, Piercetown, Ind. Admitted to hospital June 22, 1919. Severe case, opisthotonos, rigidity and convulsions. Was given 10,000 units of antitoxin intravenously and 10 c.c. of 25 per cent. solution of magnesium sulphate intramuscularly on admission. Died three hours later.

R. B., female, age 40. Referred by Dr. Brudi, New Haven, Ind. Admitted to hospital Sept. 19, 1919. Self-induced abortion four days previous to onset of symptoms. Symptoms began September 18, and 5,000 units of antitoxin were given subcutaneously. Very severe case. Total antitoxin, 55,000 units; intraspinous, 20,000 units; intravenous, 30,000 units. Died Sept. 21, 1919.

P. R., male, age 10. Referred by Dr. Briggs, Churubusco, Ind. Admitted to hospital Aug. 25, 1919. Toe injured August 12, symptoms began August 24. Very severe case, rigidity marked, many convulsions. Convulsions ceased August 27. Total antitoxin, 45,000 units; intraspinous, 15,000 units; intravenous, 30,000 units. Patient died in a convulsion August 29, 30 minutes after last intraspinous injection.

A few remarks on the technic of intraspinous and intravenous injection of serum may not be out of place. The intravenous injection had best be given just before the spinal puncture so that the blood stream, now heavily charged with antitoxin, will furnish a cerebrospinal fluid rich in antitoxin. The intravenous injection should always be preceded by a hypodermic injection of morphin and atropin as a prevention of anaphylaxis. A hypodermic syringe with 15 minims of a 1 to 1,000 solution of adrenalin should always be at hand for immediate use in case symptoms of anaphylaxis develop. It is seldom necessary to use more than a local anesthetic to make the spinal puncture. Because of the opisthotonos and the consequent approximation of the vertebral spines it is best to make the puncture, not in the midline, but one-half to one centimeter from the midline. Of course the entire technic must be carried out with the most strict attention to asepsis.

4. J. A. M. A., Vol. lxxi, p. 867.

### *SPECIAL ARTICLE*

#### THE INDIANA UNIVERSITY SCHOOL OF MEDICINE, AND THE ROBERT W. LONG HOSPITAL

On the same tract of ground with the Robert W. Long Hospital on West Michigan Street, Indianapolis, now stands the beautiful new building of the Indiana University School of Medicine, which together with the Robert W. Long Hospital forms a part of Indiana University. All the excellent facilities of both fine buildings are used for the clinical and laboratory

to the building is to be to the south, and it is a part of this future extension. The building will then face a plaza extending to Michigan Street, with other buildings for the medical school and hospital located on either side of the plaza.

It is planned that this extension will contain on the first floor the general office of the school, and the office of the dean. On the second floor will be an auditorium seating 500, and on the ground floor will be the rooms of the social service department.

The present wing of the building contains three laboratories and three lecture rooms, each large enough to provide for classes of 100 stu-



The Robert W. Long Hospital.

work of the Indiana University School of Medicine, the only medical school in Indiana.

This school of medicine ranks in Class A; Johns Hopkins, Harvard, Pennsylvania, Cornell, Northwestern, and Rush are some of the other institutions also in Class A, than which there is no higher rank. So modestly has the Indiana University School of Medicine operated that it is small wonder that comparatively few persons are aware of its new home.

The present building, of which Robert Frost Daggett was the architect, is only a part of what was planned for the complete medical school building. Only the main wing has so far been built, a wing extending to the south having been left for future construction. The main entrance

dents, besides research rooms, smaller laboratories, a large library room, and numerous other rooms that are indispensable in a modern medical school. All the laboratories have north light. A great deal of study was given to the equipment necessary for the special work to be done in each of them.

The new building is 176 by 55 feet, four stories high, and of fire-proof construction. Even the roof of the building is utilized for work of the school. The heating, the ventilating and the plumbing all presented problems requiring a great deal of special study to obtain the best and most sanitary results. An electric elevator, a program clock system, a watchman's call system, and intercommunicating telephones





Indiana University Medical School Building, Front View.



Indiana University Medical School Building, Rear View.



Main Corridor, First Floor.



Clinical Diagnosis and Surgical Pathology Laboratory.



have been installed. In a word, the new building is one of the best and most modern medical school buildings in the country. The portion of the building just completed cost, with equipment, approximately \$240,000, and the future addition will cost approximately \$100,000.

This beautiful structure, alongside of the Robert W. Long Hospital building, is located in what is destined to become the great medical center of Indianapolis and the state. Just two blocks to the north is the steadily expanding City Hospital, while one mile west is the Central Hospital for the Insane where the senior students spend one afternoon a week in clinical and laboratory work. Indiana University owns nineteen acres of ground facing on Michigan Street, running back to North Street, and a narrow strip beyond.

The new medical school building really faces North Street. North Street is narrow and little more than an alley. Between this street and the City Hospital is an area partly "commons" and partly occupied by small houses. There is no beautification around either the Robert W. Long Hospital or the new medical school, and the outlook to the north is sordid. The need of a park, or a plaza, connecting the Robert W. Long Hospital and the medical school with the City Hospital is very apparent. If the Indianapolis Park Board has its way and does its full duty, this park will be developed before another winter rolls around. With this park and other landscape work, and with the expansion that must come for the Indiana University medical units, a real medical center of Indianapolis and of Indiana is certain within the next few years.

The new medical school building was informally dedicated late in September. Dr. William Lowe Bryan, president of Indiana University, Dr. C. P. Emerson, dean of the medical school, and Dr. E. D. Clark, secretary of the school, talked on the opportunities offered by the new building and new equipment to advance the medical knowledge of the state and the nation. After which, the school settled down to its task of imparting medical knowledge, and that's all the fireworks the sons of Æsculapius permitted themselves.

Even Base Hospital No. 32, famed for its work in France, has quietly gone into its hole, and sought to pull the hole in after it—the said "hole" being Indiana University School of Medicine, which is the official seat of Base Hospital No. 32, and which, instead of being disbanded as many might suppose, is merely lying dormant until such time as the government may need its services.

Indeed, Base Hospital 32, in command of Lieut.-Col. E. D. Clark, secretary of the school of medicine, and housed within the Indiana

University Medical School, is ready on short notice to spring into action with 1,000 beds for emergency hospital work anywhere. Let a fire, flood, pestilence or storm devastate the land, and telegraphic orders from the War Department will call Base Hospital 32 into its full military vigor. While Base 32 waits quietly in Indiana University School of Medicine, there is many a doughboy, or shavetail officer, who will expound on the efficiency and skill shown by the staff of Base Hospital 32 in France.

Students at this school are required to have for entrance a high school diploma, or its equivalent, and at least two years of premedical college work especially in the sciences. The work of the first two years consists of liberal arts courses, the sciences receiving especial attention, such as are given at the State University at Bloomington, after which the medical course proper is begun and continues four years.

It is estimated that perhaps 80 per cent. of the students at the state school of medicine do some work "on the side" to take care of their maintenance, and that at least 50 per cent. of the students are really working their way through school, that is, are dependent altogether for support on their earnings. Because of the many opportunities offered for such extra-hour employment in a city like Indianapolis, none of these students has been known to fall out through lack of funds.

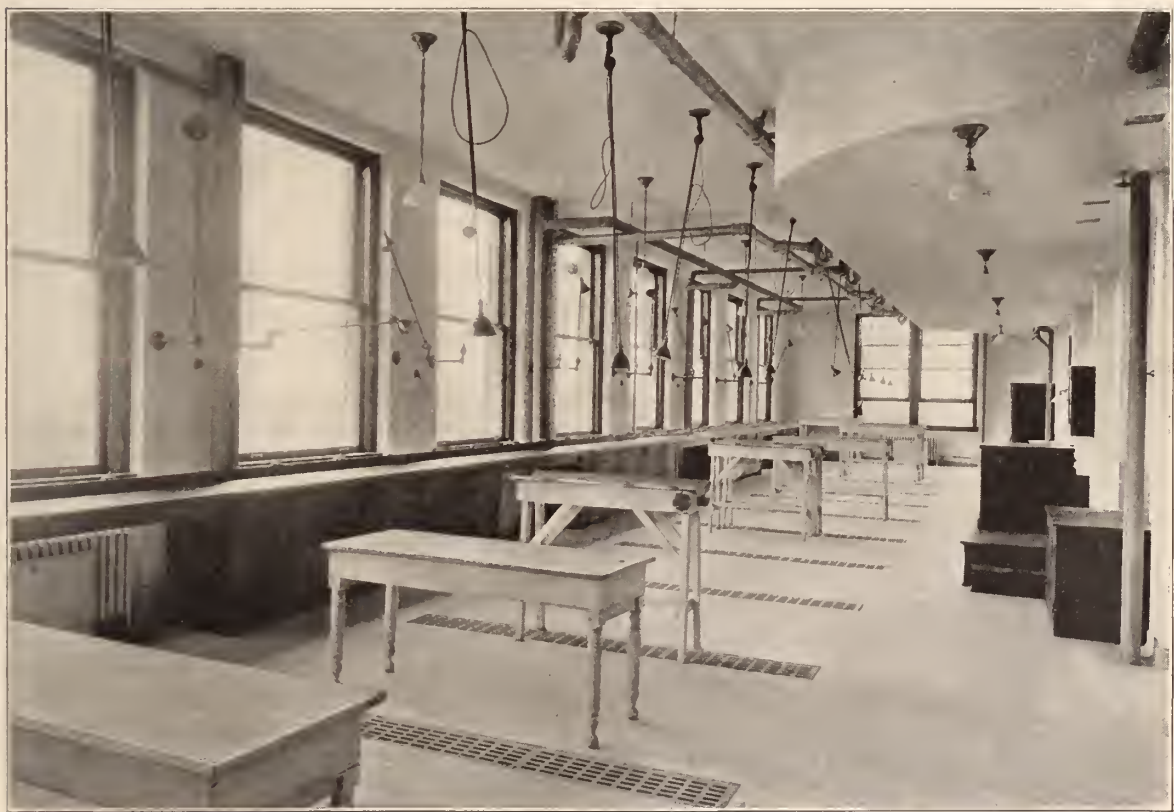
America alone does not supply all the students, for the medical school now has pupils from Bulgaria, Japan, the Philippines, and elsewhere—all serious-minded men, studiously laboring to acquire the best medical and surgical training that they may return to their own countries and spread the gifts of science.

In connection with the clinical laboratories at the Robert W. Long Hospital and the School of Medicine, clinics are also held at the Bobbs City Free Dispensary, which is still housed in a portion of the old school of medicine at Market Street and Senate Avenue, Indianapolis, and at the Central Hospital for the Insane. The dispensary also continues to function in providing free medicine for the needy sick, and will continue to be maintained as an important part of the Indiana University School of Medicine.

The free care of the worthy and needy sick of the state constitutes one of the chief functions of the Indiana University School of Medicine and of the Robert W. Long Hospital. When the late Robert W. Long made his munificent bequest to the State of Indiana for a hospital, to be conducted under the auspices of Indiana University, it was his especial request that medical and surgical services be given without cost to the needy sick of Indiana. Hence, this hospital and school, to the limit of



Pathology Laboratory.



Pharmacology Laboratory.



their physical ability, have been engaged in this work of charity—charity of the kind which vaunteth not itself—and the crying need of both these institutions is now “more room, more equipment and more finances in order to provide greater service.” It is believed that, when the people of Indiana realize the present value of this institution, as well as its greater potential value if it is adequately provided for, this proper provision for its maintenance will be forthcoming through either private bequests or public appropriations, or both.

The Robert W. Long Hospital is held to be the most completely equipped hospital in Indiana for the diagnosis, treatment and care of the sick. This hospital affords to the poor all the advantages given a patient who is able to pay. The statement is emphatically made that in the wards no nurse knows a charity patient from a paying patient. Indigent patients, indeed, are given the preference for admission. Though the hospital has a bed capacity of 112, it has only seventeen private rooms obtainable by paying patients, and very few paying patients are taken into the general wards.

There is a certain routine necessary to obtain admission for an indigent patient. The patient must be a resident of the State and must have a certificate from the trustee of his, or her, township. After being admitted to the hospital, the patient's case is gone into thoroughly and a staff physician is assigned. The staff members are physicians of unquestioned standing and ability in their particular specialties, and give their services to charity patients entirely without remuneration. The nursing staff consists of a personnel of the highest type in the profession, who are devoted to their duties with a conscientiousness that is making a record for the institution in the nursing care of patients.

The Robert W. Long Hospital is very proud of its record in the treatment of children. Crippled and deformed children have been relieved by the score. For example, fifty-two operations for cleft palate, by which the patients have been enabled to speak without impediment, and twenty-seven successful hare-lip operations bear testimony to some of the benefits it has conferred. Sixty-one operations are recorded for clubfoot and malformation of the feet which have resulted in more useful lives for as many citizens of the State.

The hospital makes an effort to be of service to the state and county institutions of Indiana. Last year, 522 of their patients were received and cared for without cost to the parent institution. In the report of patients received by counties, it is apparent that the benefits of the hospital has spread to all corners of the State.

Eighty-eight of the ninety-two counties of the State have sent patients to the institution, and applications are received daily from all parts of the State, with the result that there is at all times a waiting list of an average of seventy-five patients, not counting those who because of the nature of their trouble are unable to wait for admission, although emergency cases, whenever possible, are admitted ahead of those on the waiting list.

With a capacity of 112 beds, the daily enrollment of patients is up to this capacity at all times. In view of the waiting list referred to, it will be seen that the pressure for admission in this institution is tremendous. The fact is clearly indicated that a hospital three times the size of the present Robert W. Long Hospital would be needed in order to care for the demands made on this one institution. The people of the State have a highly important duty to perform in connection with this situation.

Since the opening of the Robert W. Long Hospital, and up to Oct. 1, 1919, 9,837 bed patients have been cared for in the institution, an average of 107 admissions a month, and out of an average of 102 patients a day actually occupying beds in the hospital during the year, 70 per cent. of these were totally free, and were given treatment without cost to the patient.

The Robert W. Long Hospital is the only institution of its kind in the State of Indiana, and inasmuch as it is a part of the State University, it is believed that the people of the State should provide for needs which are so apparent. The hospital accepts only general medical or surgical cases, and cannot take in contagious, chronic, or mental cases. By chronic cases, in this instance, are meant cases in which nursing is the chief factor in the relief rather than medical treatment. With its limited facilities, it is apparent that cases which require merely nursing, perhaps for months, cannot be accommodated.

Especial attention is given the cases of those requiring the care of specialists in the various branches of medicine and surgery. The Social Service Department of this hospital is the first in this country organized as a part of a hospital to assist in the diagnosis and care of its patients' conditions by following them to their homes, and assisting in the organization of their life and work that the gains in the hospital be not lost.

With a proper realization of these facts on the part of the people of the State, it is confidently believed by the heads of this great institution that its needs will be given the consideration so seriously and so justly deserved, to the end that the Robert W. Long Hospital may soon function to its fullest potential strength, for the good and glory of the commonwealth of Indiana.

**THE JOURNAL**  
OF THE  
**INDIANA STATE MEDICAL ASSOCIATION**

Devoted to the Interests of the Medical Profession of Indiana

Office of Publication, 406 West Berry St., Ft. Wayne, Ind.

DECEMBER 15, 1919

**EDITORIALS**

**THE SLAUGHTER OF TEETH AND TONSILS**

The discovery that many hitherto unexplained maladies are due to focal infections and that the teeth and tonsils are the most common site of these focal infections has resulted in affording relief to a large army of sufferers through the adoption of appropriate surgical procedures. Every clinician of experience has seen some almost miraculous cures of protracted invalidism by the removal of diseased tonsils and diseased teeth, but there is no doubt that the pendulum is swinging too far and a word of condemnation and protest is in order. The removal of inoffensive tonsils is not quite so objectionable as the removal of inoffensive teeth, for the tonsils are not missed whereas the loss of several or all of the teeth is a serious proposition and should not be considered except when the indications positively point to the justification of such a procedure.

The whole trouble seems to lie with the lack of caution and good judgment on the part of the dentists who are going to the extremes in not desiring to take the consequence of leaving focal infections in the mouth. In many instances the decision to remove teeth comes about through a misinterpretation of roentgen-ray plates. Our attention has been called particularly to this subject through the report of an experienced roentgenologist who states that in more than one instance he has examined plates made by dentists who at the present time generally employ roentgenology in their practice—usually without any experience, intelligence, or good judgment—only to find that what the dentists have interpreted as being foci of infection are not foci of infection at all. Consequently some luckless patient has paid the penalty by losing some useful teeth.

What the dentists of today need is a little more of the old-fashioned judgment which leads to the saving of serviceable teeth. Because a tooth is dead is no sign that it should be re-

moved—barring the presence of root infections—and we understand that the more progressive dentists of today are of the opinion that even root infections in a large proportion of cases does not necessarily require the sacrifice of the teeth. There are some dentists who are cutting down through the bone to the root infection, eradicating it by surgical methods as infection is eradicated in other portions of the body, and without the sacrifice of the teeth.

Furthermore, dentists like medical men will have to learn that success in using roentgenology means something more than putting a roentgen-ray machine in the office and trusting to luck to interpret the results that are secured from radiography. Physicians who advise their patients to consult a dentist for the purpose of discovering whether any focal infections in the teeth are responsible for certain maladies should insist on the roentgen-ray plates being made by some one who is not only especially skilled in the work but thoroughly capable of interpreting the plates. The question as to whether teeth are to be sacrificed or not should be considered very carefully and the dentist urged to adopt conservative measures rather than sacrifice what are and what may continue to be serviceable teeth.

In the removal of tonsils we cannot say that we are removing serviceable organs, as is the case with teeth, though here also a protest should be raised to the indiscriminate slaughter that at present is the vogue. We even have arrived at the point where patients are making their own diagnosis and ask that tonsils be removed for the relief of some real or imaginary trouble whether or not there can be any connection between it and tonsillar infection. Some very miraculous cures have been brought about through the removal of diseased tonsils, but the size and appearance of the tonsil is no criterion as to the damage it may produce, and no particular harm occurs even if perfectly healthy tonsils are removed skilfully, yet the fact remains that we are not conscientious and competent physicians when we approve of the present indiscriminate tonsil slaughter that is being performed under the guise of removing focal infections that are dangerous to health and life. A tonsil may be relatively large and yet inoffensive, whereas a very small atrophic tonsil may harbor infective material that is a positive menace to the patient. The decision as to whether or not the tonsils should be removed should rest on a careful, painstaking examination which oftentimes should include local anes-



thesia so that the tonsil may be seized with forceps and examined by pressure and otherwise for the purpose of detecting retained infective material. Furthermore, it is the height of folly to give such optimistic promises to patients concerning the effects that are to be secured by the removal of either teeth or tonsils, for there are other places in the body where foci of infection may reside and be responsible for the ill health. Many failures and disappointments have resulted from the too optimistic attitude of physicians in recommending removal of teeth and tonsils, with the result that already many people are beginning to consider a perfectly justifiable procedure in a large number of cases as being thoroughly without merit. Therefore, a certain amount of conservatism and conscientious adherence to intelligent interpretation of conditions should guide us in our advice to patients.

There was a time when it was popular to remove the ovaries from every woman who had a real or imaginary ill, and a few years back it was not uncommon to find some communities possessing overzealous and oftentimes unscrupulous surgeons where a large portion of the adult female population had been unsexed, most of them unnecessarily. The better class of surgeons condemned this wholesale slaughter of ovaries, and today the removal of ovaries is a procedure that is adopted in the hands of most surgeons with due regard to conservation and pathologic requirements. The present era of radical surgery of teeth and tonsils is going to resolve itself into a change for the better, just as was the case with surgery of the ovaries, but conservative physicians and dentists should sound a note of warning and thus hasten the day when we will adopt or discard treatment in a rational way.

---

#### TRAITORS AND DISLOYALISTS

As a rule doctors take little interest in politics or in civic affairs. They are so busy that some of them neglect to interest themselves in their medical societies, and even their churches. This is the wrong attitude to assume, for every doctor owes it to himself as well as to his community to take an active interest in those things which make for the betterment of the community and society as a whole. Just at the present moment this country is threatened as it never was threatened before, not even in pre-Civil War days. The spirit of unrest which has existed ever

since the close of the great world war has changed to one of not only discontent but positive menace to American institutions and American liberty. The present socialistic and anarchistic attitude assumed by the foreign labor element in the United States is not due to want, the high cost of living, or the lack of even the ability to procure luxuries; it is due to the inherent desire to secure something for nothing, to live on the fruits of the brains and the exertions of others, to indulge in luxurious living without putting forth any effort to acquire it by honest measures, and to accomplish all this they would rule or ruin the country. Too long have we ignored the rising tide of disorder and rebellion that now confronts us as a direct result of harboring and tolerating foreigners who are opposed to law and order. Furthermore, our courts, our law-makers, and even the executive heads of our government have temporized with these forces for evil, and in consequence the socialists, Bolsheviks, the I. W. W. adherents, and the disturbers of every kind and description have increased their numbers with a rapidity that is startling, and have become so brazen in their disturbance of the social order as to make it reasonably certain that unless intelligent and law-abiding citizens of this country take matters in hand it will not be long until America is on a par with Russia so far as government control is concerned. The I. W. W. agitators, the Bolsheviks, and all others who are opposed to our present system of government should be treated as rattlesnakes and put in a position where they can do this country no harm. As traitors to the country they deserve to be shot, but under any circumstances they should be interned or deported. Congress should be petitioned to pass more stringent laws governing immigration and the tolerance of undesirable aliens on our shores. The people generally should be aroused from the lethargy that now influences them and made to see the danger that confronts them. Our very government has been threatened and the life of all of our institutions has been imperiled. It is time for the exercising of that sturdy Americanism that was preached by that patriot and statesman, Theodore Roosevelt. We need men in our houses of legislation and courts of justice who not only think right but act right; men who place the honor of this country above everything else and have the courage of their convictions to enforce the principles for which this country stands.

Medical men in their various communities can have a wonderful influence in shaping public

sentiment, and right now there is need of a public sentiment that will lead to the destruction of every ism and every force that is opposed to law and our present social order. We have been altogether too lenient in our treatment of disturbers and we are paying the penalty for it now. If we are to save ourselves we must turn over a new leaf and demand complete respect for our institutions. Medical men for the most part are typical Americans and possessed with that patriotism which leads all right thinking men to live and die for their country. Let them now, on every conceivable occasion, use their influence and their votes for the adoption of a policy which shall summarily stamp out the traitors and put down disloyalty of every description. We have a flag that stands for the highest type of freedom and justice. Let us defend it from insult of every kind, and to do this means that we must destroy isms of every form. American standards of justice and liberty must be protected.

---

#### KEEP UP YOUR WAR RISK INSURANCE

The Bureau of War Risk Insurance is busy sending out new and revised rulings concerning government insurance, though few soldiers have been able to secure any acknowledgment of their remittances sent to cover premiums and few are aware of the date when premiums become due or policies lapse due to nonpayment of premiums. If one may judge from these things and others of like character the Bureau of War Risk Insurance is in a chaotic condition which it will take years to untangle. No doubt the plan to furnish government insurance is one that has required far more executive ability and attention to detail than was dreamed of by the promoters, but it would seem that a little less incompetency probably would have been displayed had we gotten away from the system which gives political preferment.

The Bureau of War Risk Insurance, like many other government bureaus, is a great business undertaking which requires at its head men of executive ability and business experience. The plan to give every soldier the opportunity of taking out government insurance at a reasonable rate is an excellent one and eventually, when all the kinks are straightened out, the enterprise will be found to be worthy of great praise. In the meantime those doctors with military service to their credit should not become discouraged through the present uncer-

tainty as to where they stand as policy holders, but keep up their premiums though making sure that a careful record is made of the date when application for insurance was made, the amount of premiums paid, and when paid. It is quite possible that such records may be useful at some time as proof to establish facts that may be necessary in order to keep the insurance in force or even to recover on policies that have been paid for.

---

#### CREDIT WHERE CREDIT IS DUE

We feel sure that the rank and file of the medical profession do not appreciate the valuable work that is being done by the Council on Pharmacy and Chemistry of the American Medical Association. Even if the work is appreciated it certainly is not utilized to the extent that it should be. The function of the Council is to investigate and pass on the medicines used by physicians. It maintains a chemical laboratory which makes original investigations of a purely scientific nature and also analyzes nostrums of various kinds.

"The Propaganda for Reform" is one of the departments which has as its principal object the prevention of medical frauds on the public. It has become a clearing house for information on the subject with which it deals. Federal Departments at Washington, state health officials, municipal health departments, publishers of magazines and newspapers, and health officials in various parts of the world refer inquiries to the Propaganda Department for information on medical frauds of all kinds. This information is disseminated from the Propaganda Department through letters and answers to inquiries, through books and inexpensive pamphlets published by the American Medical Association, through educational placards, and through public lectures illustrated with lantern slides. In the Propaganda Department the advertising matter and information regarding hundreds of medicinal preparations, medical advice, etc., are kept on file by means of a card index containing many thousands of cards. The propaganda against medical frauds is wholly educational in character, not punitive.

The pamphlet entitled "Miscellaneous Nostrums" and the more comprehensive volume entitled "Nostrums and Quackery" contain reprints of the published articles dealing with quackery and the patent medicine evil. While the claims and medicines of the medical fakers have been investigated and exposed by *The*



*Journal of the American Medical Association*, the chemists of the Association have analyzed the various preparations put out by these concerns and thus made plain the speciousness of their claims. The information has been published in the belief that it not only ought to go to the public but also that the public desires such information. The index of "Nostrums and Quackery" indicates the thoroughness with which the work has been done, so that the book becomes a veritable "who's who in quackdom."

Of special interest to the medical profession is the volume "New and Nonofficial Remedies," issued by the Council, which contains descriptions of the articles which stand accepted by the Council. The descriptions are based in part on investigations made by or under the direction of the Council, and in part on evidence or information supplied by the manufacturer or his agents. Statements made by those commercially concerned are examined critically and are admitted only when they are supported by other evidence or conform to known facts. The object to be obtained by the Council and its published reports is to protect the medical profession and the public against fraud, undesirable secrecy, and objectionable advertising in connection with proprietary medicines. The Council examines the articles on the market as to their compliance with definite rules designed to prevent fraud, undesirable secrecy and the abuses which arise from advertising directly or indirectly. Such articles as appear to conform to the rules are accepted and their essential features are described in the annual publication of the Council, "New and Nonofficial Remedies," if they come within the scope of such book. It is not only the right but also the duty of the physician to know the essential composition of what he prescribes. The Council will not accept or approve articles that are sold under false representation, that are advertised for direct sale to the public, that have therapeutically suggestive names, or advertised to cure certain affections, that offer unwarranted therapeutic claims, or false claims as to origin, or that are unscientific or useless. It will, therefore, be seen that the work of the Council is far reaching in its effects, and of the utmost value to the medical profession. The Council virtually is a clearing house for a large number of proprietary remedies that are offered to the medical profession by pharmaceutical houses and the value of which, without approval by some such trustworthy agency as the Council, would depend on the statements and evidence submitted by the manufacturer, which we know might be wholly untrustworthy. There is,

therefore, no excuse for ignorance on the part of any physician in knowing all about nearly any remedy that may be offered, providing the physician takes the trouble to secure the opinion of the Council on Pharmacy and Chemistry. In fact it is the duty of every physician to obtain such knowledge before he undertakes to prescribe a new remedy with the exact nature, composition and use of which he is unfamiliar.

We know that there are altogether too many physicians who are influenced by the specious arguments put forth by those who are commercially interested in some of the newer preparations, but no physician is justified in depending on such representations unless they are backed up by the approval of the Council on Pharmacy and Chemistry of the American Medical Association. Occasionally an agent or firm will say that it is not necessary to secure the approval of the Council, or even go so far as to untruthfully state that the Council is too busy to act on the preparation that has been submitted, though in every instance the doctor should insist that the Council's findings are the only ones that will satisfy him.

We, therefore, bespeak for the publications of the Council the widest distribution and support. Every doctor should have a copy of "New and Nonofficial Remedies," and he should follow religiously the recommendations contained therein.

---

#### A RECORD OF INDIANA DOCTORS IN THE WAR

In an early number of *THE JOURNAL* we hope to publish a complete list of Indiana doctors who engaged in military service during the recent war, including the nature and duration of their service and rank at time of enlistment and discharge. The purpose of such a record is twofold: (1) To give deserved credit to such men, and (2) to furnish a permanent record of the war service of Indiana doctors. We already have asked and are counting on the cooperation of every county medical society secretary in the state. We must have such assistance if we accomplish the desired result. In addition to this we want to ask every Indiana doctor who has been in service to cooperate by promptly furnishing to his county secretary the requested information; or send direct to us for blank to be filled out. We feel that such a war record will be of very great interest to all the readers of *THE JOURNAL*, and in addition to this may be of inestimable value in years to come as the only accurate and reliable history of Indiana medicine in the world war.

**EDITORIAL NOTES**

DEAR DOCTOR:

THE JOURNAL and the Cooperative Medical Advertising Bureau of Chicago maintain a Service Department to answer inquiries from you about pharmaceuticals, surgical instruments and other manufactured products, such as soaps, clothing, automobiles, etc., which you may need in your home, office, sanitarium or hospital.

We invite and urge you to use this Service.

It is absolutely FREE to you.

The Cooperative Bureau is equipped with catalogues and price lists of manufacturers, and can supply you information by return mail.

Perhaps you want a certain kind of instrument which is not advertised in THE JOURNAL, and do not know where to secure it; or do not know where to obtain some automobile supplies you need. This Service Bureau will give you the information.

Whenever possible, the goods will be advertised in our pages; but if they are not, we urge you to ask THE JOURNAL about them, or write direct to the Cooperative Medical Advertising Bureau, 535 N. Dearborn St., Chicago, Illinois.

We want THE JOURNAL to serve YOU.

ARE you a slacker in the payment of your Medical Society dues? "Nuf sed."

Do you read the advertising pages of this JOURNAL? If not, you miss some announcements that are of interest to you. Aside from this, we feel that our advertisers deserve your patronage.

AGAIN we are beginning to have new books, many of them based on the lessons of the war. Some of our textbooks have been entirely rewritten as a direct consequence of what war experience has taught. Several publishers advertise in THE JOURNAL. Our readers will do well to watch their announcements.

WANTED: Copies of the June, 1919 (Vol. 12, No. 6), number of THE JOURNAL of the Indiana State Medical Association to complete our files. Will those members who do not bind their JOURNALS favor us by sending their June numbers to us? Address: THE JOURNAL of the Indiana State Medical Association, 406 West Berry St., Fort Wayne, Ind.

THE Season's Greetings to all! May the coming year bring more happiness and prosperity to everyone, and may our present social and economic unrest disappear, so that our people in every walk of life may enjoy the peace and security that is their due in this land of the free where government is supposed to be by the people and for the people, but concerning which there is some doubt at present.

HUMAN health and life is held so cheap by some communities in Indiana that they give no support to their health departments. In such communities there are large numbers of "un-

buried dead." There is also much ignorance. In such communities the business men don't know good business. They haven't learned that the better the public health, the better is business. Our beloved poet Riley says: "Let us all love the toad, he looks so sorry." Let us all love the communities which neglect the public, for they are such sorry communities.

If the Yuletide season finds the doctor without coal as a result of the present inconsistent and uncalled for attitude of the coal miners, perhaps warmth and comfort may be obtained by using a few of the antiquated medical books and useless office paraphernalia to feed the furnace. The appearance of some of the offices of doctors give every evidence that a bonfire is an appropriate way of cleaning up, and the much needed renovation might be turned to some account if the dilapidated furniture and other offenses to cleanliness were used to furnish warmth during the coal shortage.

ECONOMY in Indiana will be greatly advanced if the next legislature creates all-time health officers in every county and in cities of 20,000 or more. These officers, not fettered by practicing curative medicine, properly empowered and properly paid, would save the people of the state \$10,000,000 annually by preventing sickness and death. We do not grow wealthy and become happy through sickness and death. Let those who are for wealth, strength, happiness and true economy now speak up or else cease growling about high taxes. One-half of our state taxes are laid on account of sickness.

A BACTERIOLOGIST in one Berlin hospital receives \$1,250 a year, while the man who cleans his instruments receives \$1,500.—*Leslie's Weekly*, November 15. This is a fine commentary on our appreciation of professional services. Perhaps, too, it is a reflection on the business methods of professional men as a class. If they demanded better fees, and organized among themselves for the purpose of obtaining deserved recognition for their work they undoubtedly would fare as well as common laborers who in some instances have an annual income that is greater than the income of the average professional man.

W. A. PUSEY, M.D., Chicago, in a note in *The Journal of the A. M. A.*, November 22, 1919, says that the difficulty in marking the skin which is sometimes experienced can be obviated



by using an ordinary copy pencil after moistening the skin with water. He says that with this method it is perfectly easy to outline an area with a distinct violet line. Such marks can be made even on a sterile surface by first washing the end of the pencil in a concentrated solution of mercuric chlorid and the skin being moistened with a sterile solution. The marks can readily be washed off with soap and water. The purple line can be photographed, but not very well.

---

ONE of the most valuable phases of the social service work of various organizations is that of assisting the blind to be self-supporting. A great deal of work along this line is being accomplished for our afflicted soldiers by the government but a great deal can be done for the blind people in every community. The efforts of the College Club and the Association of Workers for the Blind, of Fort Wayne, are worthy of adoption by clubs and other organizations all over the state. Their plan is to get in touch with every blind person and through encouragement and any necessary assistance, enable him to take up some vocation which will bring a living wage and make him an independent citizen.

---

As we often have said before there are some medical societies that are burdened with one or more members who are not a credit to any medical organization, and it is a hard matter to get rid of them. However, there are several hundred doctors in Indiana who possess qualifications that entitle them to membership in reputable medical societies, but who for one reason or another have failed to acquire such membership. They should be encouraged to join county medical societies and add their influence to the upholding of those standards for which our profession stands. We suggest that the officers of every medical society in Indiana make it a point to solicit the eligible doctors in their respective counties, with the distinct object in view of making our county medical societies embrace all of the reputable men in the state.

---

The government has enacted some new legislation and made some new rulings concerning the granting of permits and the filing of bonds by those who desire to purchase pure alcohol. There has been no change in the law or rulings concerning the purchase of nonbeverage or medicated alcohol, which, as heretofore, may be purchased in quantities of a pint or less by any one

without any formalities. However, the insurance and bonding companies and their agents are bombarding the members of the medical profession with letters and circulars which easily may be construed as indicating that physicians must now procure a permit or file a bond—which of course the surety companies suggest they can furnish—before alcohol of any description can be purchased. We suggest that doctors pay no attention to these or other solicitations from interested agents.

---

THE Ross School of Chiropractic of Fort Wayne announces, through the newspapers, that they have purchased the ground and soon will erect a modern college building at an expense of several thousand dollars. This school also announces that they have outgrown their present quarters, and their classes—numbering several hundred each—must have adequate quarters. What a commentary on the efficiency of our laws! These pretenders, with their inadequate training, are treating the sick and suffering, oftentimes with the result of preventing the patient from securing skilled attention which might save life or relieve distress, but so far as we know, nothing is being done to put a stop to the illegal practice. Chiropractors are not licensed in Indiana. A blacksmith or a plumber has just as much right to practice medicine, and could do just as well.

---

NEVER in the history of printing has there been such a condition as at present. Not only is there an alarming shortage of paper, with fabulous prices for what is obtainable, but all of the trades unions connected in any shape or form with the printing business are demanding and receiving unprecedented wages. The cost of producing all publications, including newspapers and periodicals of every description, has very greatly increased during the last three years, and particularly during the last nine months. The readers of *THE JOURNAL* can be thankful that they have not as yet had to share in this increased cost, and we believe that we are to be congratulated on having not only kept up the standard and quality of *THE JOURNAL* but been able to issue it with the accustomed regularity notwithstanding strikes among our printers, pressmen, stereotypers, and others connected with the publishing business, to say nothing of the difficulty in obtaining material. We feel like "crowing" a little, but we do not know how long we shall be able to boast.

BEFORE the war most of the digitalis used in America came from Germany, Austria and a very little from England. In a recent number of *The Journal of the A. M. A.* (November 22) J. H. Pratt and Hyman Morrison, Boston, give their results with the use of American digitalis and review the previous literature of its experimental use. Details are given of the results obtained by themselves and others and comparisons with foreign digitalis together with data as regards climate, soil, etc. They report the following conclusion: "The best American digitalis, both wild and cultivated, is equal in activity to the best European digitalis. Specimens of high potency have been obtained from Virginia, Nebraska, Wisconsin, Minnesota, Oregon and Washington. The majority of samples of American digitalis examined were of low potency. No less than seventeen out of twenty-five samples of American digitalis were below the standard of strength established by the Pharmacopeia. The average strength of the American digitalis, however, was greater than that of the imported digitalis we have examined. All digitalis should be tested biologically before it is gathered in large quantities for therapeutic use."

---

Nor a few members of the Indiana State Medical Association have had occasion to appreciate the medical defense feature which is one of the perquisites which go with membership in the Association. Any doctor who ever has been sued for malpractice, or even threatened with a suit, knows that it costs money to employ lawyers and pay court costs. Aside from all this, the average lawyer is totally unprepared to handle malpractice litigation, and to have the services or even the assistance and cooperation of the experienced attorneys for the Association means much in the way of properly defending the client. It is unfortunate that so many members of our Association carelessly place themselves in a position where they cannot avail themselves of this valuable help in consequence of failure to pay dues to the Association on time. According to the Constitution and By-Laws, a member becomes delinquent on and after February 1 of each year, and of course as a delinquent he cannot avail himself of the medical defense feature of the Association. Two or three Indiana doctors have had occasion to regret procrastination in the payment of dues. Their experience, which probably has meant a loss of several hundred dollars to them, should be a lesson to others.

THE Indiana Tuberculosis Association evidently has an abundance of money to waste on postage if we can judge by the number of circulars that are sent out, many of which probably find a place in the waste basket without being opened. We have no desire to be hypercritical concerning the expenditures of any organization, but it does seem as though good business management would not sanction the expenditure of large sums of money for printing, labor and postage on a large variety as well as a large number of circulars, the effect of which is lost on the average editor who becomes indifferent to them when they come in every day's mail along with other printed trash which he has neither the time nor the inclination to read. A few personal letters to an editor, with the request for publication of such information as may be furnished in well-written copy, will go much further in bringing about results than five hundred circulars, all or nearly all of which are never perused. However, this seems to be an age of extravagance, and even our own government has set an example in the most shameless waste of money in disseminating information or carrying out propaganda of various kinds. The Red Cross also sends out tons of printed matter at a great expense, much of which is worthless and most of which is wasted.

---

"ONE weight, one measure and one coin, will soon the warring world in friendship join"—and keep the world war won, is the slogan of the World Trade Club in their campaign for the adoption of the meter-liter-gram system of weights, coins and measures. It is a strange fact that the present coinage of the British Isles as well as the weights and measures of the British Isles and America are German. The Germans forced these old standards on the British who in turn landed them on America. Germany herself abolished these old tools and adopted the metric system in 1871. Britannia and America still use the old German jumble while Germany uses ours—the efficient decimal automatic system, 1,000 times more effective than that the Germans scrapped. The World Trade Club states that it knows of no way in which it can so well do its bit in avoiding another war as to aid in establishing the exclusive use of meter-liter-gram in the United States of America and Britannia, bringing about complete standardization of these nations and their thirty allies. Any physicians interested in this propaganda and who in any way can, will or



wishes to aid this good cause for the benefit of all humankind and the injury of none, are asked to communicate with the World Trade Club, 681 Market Street, Suites 3, 4, 5, San Francisco, Calif.

---

THROUGHOUT the coming year the County Medical societies should resume an activity that is even greater than that preceding the war. Some societies always have existed in name only, others have been about half awake, and only a few have been really worthy of the reputation of being live and progressive medical organizations. As a rule the progress of a medical society depends on the officers, and particularly the secretary. An inactive secretary generally means an inactive society. However, the officers, and particularly the secretary, must have support in order to keep up the medical society, and the doctors should not wait to be prodded by the secretary into activity, whether it is for the payment of dues or attendance at medical society meetings. In some medical societies the secretary deserves a great deal of sympathy, for he gets cussed and discussed no matter what he does. The one thing to remember is that the secretary is elected for the purpose of performing a specific duty, and that duty pertains entirely to the welfare of the individual members of his society. This latter fact ought to be pounded into the heads of some doctors who get peeved because some energetic secretary tries to keep up his medical society and thus the welfare of individual members of it by the prompt payment of dues, regular attendance at meetings, and the furnishing of a scientific program at each and every meeting. During the war there was some excuse for a little laxity and indifference, but there is no excuse for such an attitude now.

---

THERE are 710 vacancies in the regular medical corps of the army and 429 vacancies in the regular medical corps of the navy for young physicians who wish to undertake this work. Under the present law, reserve officers on active duty may be continued on such duty with their consent until July 1, 1920. The departments are also permitted to assign officers for temporary service until that time. For this reason the large vacancy list does not indicate any distress on the part of the service or immediate need of men to fill these positions. However, with the passing of the emergency covered by the law, both services will require young men

to fill these positions. The reason for these resignations is of course understood. It is not dissatisfaction with the service but the fact the increasing cost of living makes the present pay absolutely inadequate. Fortunately, there are now in Congress bills for increased pay to officers of the military service which will permit the corps to offer more attractive opportunities to interested young men, and it is likely that as soon as these bills pass—which they undoubtedly will—numerous young men will wish to avail themselves of the opportunities offered by these permanent positions. Those interested should communicate at once with the Surgeon-General of the Army or Navy, with a view to having on hand complete information so as to carry through the application, examination and appointment with the least possible delay.—*Journal A. M. A.*, Nov. 22, 1919.

---

THE November issue of the *Ohio State Medical Journal*, in discussing chiropractic fallacies, calls attention to a recent chiropractic advertisement which is a typical example of the illogical claims made by this cult. The advertisement is as follows: "Be Forearmed Against the 'Flu.' Chiropractic Vertebral Adjustments are your best armor. In the 'Flu' epidemic last year the grand total of the Chiropractic death ratio was one out of every 886 cases. It was this wonderful record which made the skeptics 'sit up and take notice.' If, during the coming months, you feel a little 'off color' and are afraid you will have the 'Flu,' take no chances. Send for or go to your Chiropractor at once. Chiropractic has succeeded where all other methods have failed. Keep your spine in normal condition and you can afford to laugh at the 'Flu.'" The illuminating point to this statement that the grand total of the chiropractic death ratio was one out of every 886 cases is the fact that in Ohio as well as practically all other states, chiropractors are not permitted to sign death certificates, the law recognizing that "chiropractic education" is so meager and inadequate that its practitioners are not fitted to prognosticate the cause of death. In practically every case where death is imminent and the patient's condition hopeless, the unfortunate victim of "adjustments" is hurriedly shifted to a real physician who on demise must sign the defunct patient's death certificate. And still the gullible public continue to swallow—bait, hook and all—the flagrant lies contained in chiropractic advertisements!

THE following item from a recent issue of the *London Medical Press and Circular* indicates that the influenza phobia has not been limited entirely to this country: "Mostly during the past two months the public have been deluged by would-be prophets predicting that the coming winter will herald another visitation of influenza. It is needless to say that the prognostications have been limited to the lay journals. The prophetic attempt would suggest that the idea is to angle for an honor of an 'I told you so' type. Or it may be that the subject fills a gap when 'copy' is short. The repeated reiteration of nursery rhyme precautions against chills, exposure to cold and changes in the weather must now be boring the public, should they happen not to be alarmed thereby. The inexpediency of all these warnings and suggestions of woes is that no one knows whether another influenza epidemic will or will not become an accomplished fact. Why, then, should prophets anticipate an evil which, as far as our knowledge goes, may not materialize? Why should the public be kept on tenterhooks by continually reminding them of something which may never happen? We learned last week from the *Times* that there had been under treatment some cases of influenza-pneumonia, and naively the remark was added that 'So far, happily, there were not many in number.' And so the ball is kept rolling to the injury of the public—of those, that is, who fail to recognize that the surest way to precipitate an evil is to become obsessed in the anticipation of it."

"American babies are better fed than any others in the world," says the *Modern Hospital*, Chicago, in discussing the question of child feeding. It says further that although there are still people who feed their babies coffee and pickles, the modern trend toward proper diet for babies and children is being distinctly shown today. The modern way makes good babies not only because their food needs are better understood and more skillfully met, but because emphasis has also been placed on regular meals, proper sleep, plenty of fresh air and freedom from fatigue or excitement. The diet of the normal baby should include plenty of milk, green vegetable juices or pulp (all properly strained) and orange juice. Growing children should have regular meals, an adequate number of meals with food well distributed among them, bland and easily digested foods such as milk, cereals, breads and potatoes; simply pre-

pared foods free from high seasoning. Along with this food selection there must be plenty of sleep, freedom from overwork or excitement and intelligent education in eating habits. Children must be trained to regular meals from infancy. They should have their minds trained to the idea in early childhood, as a safeguard for all their later years. Children must be trained to mastication. Practically every meal should include a portion of some kind of hard or dry bread which requires chewing. The methods of food education are not essentially different from the methods of more conventional education; there must be patient repetition to establish good habits, the same food over and over again in the same way, until the liking for it has been fixed. Given time enough, and excluding food actually harmful to the individual, one can teach any child to eat anything. We need better food education for mothers and more food education of children in school. The spread of general home economics teaching, the work of such agencies as the Bureau of Child Hygiene, the Child Health Organization, and most recently of the Red Cross, have inaugurated the larger movement for the children's health.

AFTER a continuous session of exactly six months, the first session of the sixty-sixth congress has adjourned without enacting any beneficial public health legislation; nor was any legislation detrimental to public health enacted. The Senate made progress with some measures of interest to the medical profession, while practically no consideration was given to any of this legislation by the House. This is due primarily to the fact that the Senate has a committee charged with the consideration of medical legislation, known as the Senate Committee on Public Health and National Quarantine, while the House has no such committee, nor any committee that corresponds to it. The Senate committee considered and reported favorably a bill to provide \$1,000,000 for the study and treatment of influenza and kindred diseases, introduced by Senator Harding of Ohio; a bill to establish a division of tuberculosis in the United States Public Health Service, introduced by Senator Randsell of Louisiana; a bill making appropriations for the care and treatment of drug addicts, introduced by Senator France of Maryland, and a bill to admit government employees suffering with tuberculosis to army, navy and Public Health Service hospitals. All



of these measures are now on the Senate calendar, having been reported favorably, and are in line to be called up at the beginning of the next session, Monday, December 1. The Senate passed a bill providing for the retirement of female army nurses, introduced by Senator Wadsworth of New York, and this measure will be before the House at the coming session for final action. The House Committee on Pensions favorably reported a bill to pension members of the Female Nurse Corps of the war with Germany, introduced by Congressman Fordney of Michigan. The regular governmental appropriation bills, including the necessary appropriations for the Medical Corps of the army, navy and U. S. Public Health Service, were passed. A number of other medical measures were introduced in both the Senate and the House, but no action was taken on them. Some relate to the establishment of the Department of Health in the federal government, and have been referred to in *THE JOURNAL* from time to time, while others provide for the establishment of bureaus of rural sanitation and maternity, and infancy hygiene in cooperation with the state governments. It is quite evident to those who have watched, or who are interested in, medical and health legislation, that, so far as congressional legislation is concerned, one of the big needs of the time is the creation of a committee on public health in the House of Representatives of the United States Congress. —*Jour. A. M. A.*, Nov. 29, 1919.

---

## DEATHS

---

FANNIE LEE, wife of Dr. Allen M. Benjamin, formerly of Wilkinson, died November 2 at Burnie, Mo.

---

ALEXANDER C. SMITH, M.D., of Indianapolis, died November 22, aged 70 years. Dr. Smith graduated from the Indiana Eclectic Medical College, Indianapolis, in 1881.

---

SAMUEL LOWERY ADAIR, M.D., died November 18 at his home at New Washington, aged 76 years. Dr. Adair graduated from the Kentucky School of Medicine at Louisville in 1861.

---

GEORGE W. FARVER, M.D., formerly of Hammond, died recently at Montezuma. Dr. Farver was 69 years of age. He graduated in medicine from the Indiana Medical College, Indianapolis, in 1875.

DAVID H. DOUGAN, M.D., Richmond, died October 31, aged 74 years. He graduated from the Rush Medical College, following which he located in the West, where he practiced medicine until 1912, when he returned to Richmond.

---

ALONZO H. LOTHROP, M.D., died at his home in Lexington November 21, aged 78 years. Dr. Lothrop graduated in medicine from the Kentucky School of Medicine in 1876 and from the Louisville Medical College in 1894.

---

LOUIS L. WILLIAMS, M.D., Brazil, was shot and killed on November 3. Dr. Williams was 62 years of age, graduated from the Louisville Medical College in 1878, and was a member of the Clay County Medical Society and the Indiana State Medical Association.

---

HAMILTON P. FRANKS, M.D., died at his home in Muncie November 13, aged 70 years. Dr. Franks was born in 1849, graduated from the Medical College of Indiana in 1882 and from the New York University Medical College in 1889. He was a member of the Delaware-Blackford Medical Society and had served as its president. He also was a member of the Indiana State Medical Association and the American Medical Association.

---

OLIVER J. GRONENDYKE, M.D., Newcastle, died November 23 of pneumonia. Dr. Gronendyke was born in 1864, graduated in medicine from the Medical College of Ohio, Cincinnati, 1885, and had been a practicing physician in Newcastle for a number of years. He had recently completed eighteen years service on the city school board and at the time of his death was councilor of the Sixth District. He was an active member of the Henry County Medical Society, the Union District Medical Society and the Indiana State Medical Association.

---

THOMAS BARKER EASTMAN, M.D., of Indianapolis, died November 10 at his farm near Richmond following an illness of about eight months. Dr. Eastman was born in Brownsburg, Ind., April 8, 1869, the son of Dr. Joseph Eastman, celebrated pioneer surgeon of Indiana. He attended the public schools of Indianapolis, was graduated from the Wabash College in 1890 and from Indiana University School of Medicine in 1893, later going abroad for postgraduate work. For a number of years he was associated with

his father, and brother Dr. Joseph Rilus Eastman, in the management of the Joseph Eastman Hospital, but ten years ago entered the practice of general surgery. Dr. Eastman was at one time the president of the Indianapolis Board of Health, was a member of the faculty of the Indiana University School of Medicine and con-



THOMAS B. EASTMAN

nected with the surgical staff of the City Hospital. He was a member of the American Association of Obstetricians and Gynecologists, the American Medical Association, the Indiana State Medical Association and in 1914 served as president of the Indianapolis Medical Society. At the time of his death he was councilor for the Seventh District.

### NEWS NOTES AND PERSONALS

Anything in the line of physicians' supplies or equipment may be obtained from advertisers in *The Journal of the Indiana State Medical Association*. Patronize these advertisers for it means a continuance of their advertising patronage, and the latter means a larger and better Journal for you.

DR. F. T. ROMBERGER, formerly of Elizabethville, has located at Lafayette for the practice of medicine.

DR. GEORGE N. HILLIGOSS, formerly of Anderson, died recently at his home in Cincinnati, aged 81 years.

THE Adams County Medical Society has started a movement for the establishment of a county hospital.

CONSTRUCTION work has been started on the new Methodist Hospital at Gary. The estimated cost is \$400,000.

DR. C. C. McFARLAN, who has practiced medicine in Zenas the past ten years, has removed to Simms.

DR. CHARLES R. BIRD has arrived at his home in Greensburg following three years' service in the British army.

DR. HAROLD KAYLOR of Bluffton, son of Dr. C. E. Kaylor, was married November 11 to Miss Ella Cary of Pennville.

DR. GEORGE MARSHALL, recently released from military service, has returned to Nappanee and will resume civil practice.

DR. U. G. VANCE has been appointed secretary of the Waterloo Board of Health, succeeding the late William B. Duncan.

DR. FRANK STACKHOUSE, formerly of Cates, has purchased the practice of Dr. F. S. Cuthbert at Kingman and removed to that place.

DR. S. E. SMITH, superintendent of the Easthaven Hospital, has been elected vice-president of the Board of Trustees of Indiana University.

A \$100,000 SANITARIUM for disabled and retired Presbyterian ministers of the United States is to be erected 10 miles east of Evansville.

DR. W. S. GIVENS, recently discharged from military service, has returned to Indianapolis and established offices in the Newton Claypool Building.

DR. C. W. HILL, formerly of Lebanon and recently discharged from military service, has located in Bradfordsville for the practice of medicine.

DR. LOSEY HARDING has completed his internship in the Methodist Hospital at Indianapolis and located at Frankfort for the practice of medicine.

DR. OTTO CASEY, formerly of Terre Haute and recently returned from military service in France, has located in Clinton for the practice of medicine.



CHARLES F. TAYLOR, M.D., formerly at Attica, Ind., but for many years editor of *The Medical World*, died November 4 at his home in Philadelphia.

---

DR. FRED L. HASMAN, after two and one-half years' military service, has received his discharge and resumed practice at 2050 Boulevard Place, Indianapolis.

---

INDIANAPOLIS is to have a hospital for babies under the direction of the Florence Crittenton Home. A drive soon will be started for \$100,000 to carry on the work.

---

DR. A. WADE THRASHER, formerly of Cincinnati, announces his removal to 420 Penway Building, Indianapolis, with practice limited to the ear, nose and throat.

---

DR. O. B. NORMAN, formerly of Bedford and recently returned from two years' military service, has located in Indianapolis with offices in the Hume-Mansur Building.

---

THE new Bloomington hospital was thrown open to the public on November 11. The building is complete in every detail and was erected at a cost of about \$75,000.

---

DR. JOHN F. WEATHERS of New Albany was elected president of the Western Division of Southern Railway Surgeons at their annual session, recently held in Louisville.

---

THE Kosciusko County Memorial Committee in their report have recommended that a hospital would be the most practical memorial to the county's sailors and soldiers.

---

THE Indiana State Board of Medical Registration and Examination announces examination for license to practice medicine, beginning February 10, 1920, and continuing three days.

---

VIGO COUNTY commissioners have purchased a farm of 135 acres, located 8 miles north of Terre Haute, as a site for a new County Tuberculosis Hospital. The cost of the land was \$21,275.

---

THE dedication of the new Oklahoma State University Hospital was held on November 13. The hospital is modern in every detail and is a valuable addition to the State University School of Medicine.

DR. J. S. SPROWE, recently mustered out of service with Base Hospital No. 34, Savenay, France, has located at Lafayette and will be associated with Dr. George H. Keiper in eye, ear, nose and throat work.

---

THOUSANDS of children are killed every year because parents say, "They will have it anyway," and permit the little ones to expose themselves to whooping cough, measles and scarlet fever, says the United States Public Health Service.

---

GERM diseases kill off more people than the deadliest wars, says the United States Public Health Service. In 1917 pneumonia and tuberculosis killed 223,000 Americans, more than seven times the number killed in action in France.

---

THE report of the Indianapolis Health Department shows only one death from influenza during the month of October and five due to pneumonia. In this same month in 1918, 430 deaths were reported from pneumonia and influenza together.

---

ACCORDING to the report of the Medical Commission sent to Poland by the League of Red Cross Societies, there is a risk that a very serious epidemic of typhus will visit America this winter unless the spread of the disease in Poland can be checked.

---

DR. EUGENE BUEHLER has returned to Indianapolis to private practice after two years' service in the Medical Corps, having charge of the sanitary work at Camp Travis at San Antonio, Texas. Dr. Buehler held the rank of major at the time of his discharge.

---

CARELESSNESS with the hands and teeth causes more deaths in America every year than carelessness with motor vehicles, says the United States Public Health Service. Keep the hands clean, free from germs, away from the mouth and visit the dentist regularly.

---

DR. F. S. CUTHBERT has sold his general practice at Kingman and is taking special work in eye, ear, nose and throat at the New York Post-Graduate Medical School and Hospital. After the completion of his work he expects to locate in some larger Indiana town.

IN the October, 1919, *Monthly Bulletin* of the Long Island College Hospital appears an interesting illustrated note concerning Dr. G. W. H. Kemper of Muncie. Dr. Kemper graduated from this school in 1865 and in the note is termed the oldest alumnus of the school.

---

DR. GEORGE S. BLISS, superintendent of the Indiana School for Feeble-minded Youth, at Fort Wayne, for the past seven years, has tendered his resignation to the Board of Trustees of the school. He has made no announcement concerning his plans after leaving the school.

---

WHITLEY COUNTY has recently organized a tuberculosis society to fight the disease. Officers chosen are: President, Dr. D. S. Linvill; vice presidents, P. M. McNagny, C. E. Spaulding, Mrs. W. W. Williamson; secretary, Mrs. Laura Souder, and treasurer, Frank Northam.

---

THE Marshall County Medical Society has been reorganized and the following officers elected: president, Frank H. Kelley, Argos; vice president, H. P. Preston, Plymouth; secretary, Harry Knot, Plymouth; and censors, C. F. Holtzendorff, Plymouth; T. S. Schilt, Bremen, and E. E. Parker, Culver.

---

AFTER a trip of inspection Major Bozidor Jankovitz, Surgeon-General for the Montenegro and Dalmatian Division of the Serb army, has issued an order to the effect that the American Red Cross Hospitals in Padgoritzza and Kolachin are to be used as models for all Serbian military hospitals throughout those divisions.

---

WITH the onset of winter typhus has very seriously increased in Siberia. As a result of this the American Red Cross has constructed three great quarantine camps at Omsk, Ishim, and Petropavlovsk each of which will have 1,000 beds and ample delousing and disinfecting plants to take care of both soldiers and civilians.

---

DR. AMOS CARTER, Superintendent of the Indiana State Sanatorium at Rockville, has secured Dr. Varney Hazelwood of Bedford, Ind., as head physician. Dr. Hazelwood has had four and one-half years' experience in Winyah (Dr. Carl Von Ruck's) Sanatorium, at Asheville, N. C. Dr. Hazelwood has qualified in all lines of T. B. work.

THE Indiana Academy of Ophthalmology and Oto-Laryngology will hold its midyear meeting at South Bend on or about January 20, and a very interesting and instructive program has been arranged. The papers that were to have been presented at the ear, nose and throat section during the war, or from July 1, 1917, to heard at this meeting.

---

THE health bond is a new departure from the Red Cross Christmas seal which is being introduced in the United States for the first time this year. The bonds are in denominations from \$5 to \$100 and are principally for those who do not care to have a great package of seals on hand, yet desire to contribute to the war fund against tuberculosis.

---

DR. DANIEL S. ADAMS, associated in practice with Dr. William S. Tomlin at Indianapolis, has returned from New York where he spent four weeks at the New York Post Graduate School and Hospital, taking special work in ear, nose and throat diseases. Dr. Shonkwiler, formerly of Paris, Ill., also has located at Indianapolis, to be associated with Dr. Tomlin.

---

DR. HARRY E. BARNARD, for many years food and drug commissioner of Indiana, has resigned his position and gone to Minneapolis where he will become director of a school of baking under the auspices of the National Bakers' Association. I. L. Miller, chemist in the State Food and Drug Division of the Board of Health, has assumed Dr. Barnard's position.

---

DR. WILLIAM N. WISHARD of Indianapolis has been appointed by President McCully as chairman of the committee on Public Policy and Legislation for the Indiana State Medical Association for the coming year. The balance of the committee is: E. E. Evans, Gary; W. R. Davidson, Evansville; Orvall Smiley, Indianapolis, and Leslie H. Maxwell, Indianapolis.

---

THE twentieth annual convention of the Ohio Valley Medical Association was held at Evansville November 11 and 12. Officers for the new year are: President, Virgil Moon, Indianapolis; first vice president, Charles T. W. Southard, Cincinnati; second vice president, L. W. Bremerman, Chicago; third vice president, Sidney L. Eichel, Evansville; secretary-treasurer, B. L. W. Floyd, Evansville.



THE State Board of Registration and Examination of Nurses has been receiving protests from many members of the profession against the higher wages being asked by some nurses. The customary charge is \$30 for ordinary cases and \$35 for cases involving infectious diseases, for a week's service by a trained nurse. The protest covers a movement that has been started to increase the charges to \$35 and \$40 per week.

---

DR. CHARLES BROCKWAY of Lafayette, charged with involuntary manslaughter, is held under a \$6,000 bond. The affidavit under which Dr. Brockway was arrested alleges that an assault committed by the physician on his wife on September 5, resulted in her death on October 21. Dr. Brockway's resignation from the Tippecanoe Medical Society was unanimously accepted soon after the assault was committed.

---

ACCORDING to report, the Wabash County Hospital will be closed on and after January 1 unless the county commissioners see fit to appropriate funds for the erection of a new building. State Nurse Superintendent Humphrey of Indianapolis, on a recent inspection tour, stated that unless better facilities are furnished the nurses' training school at this hospital, it will be necessary to close the school, which also will mean the closing of the hospital.

---

THE medical department of Armour & Co. has taken precautions among plant employees against a return of the "flu" epidemic in Chicago and other cities where the Armour plants are located. All employees have been notified that without charge they may have the influenza vaccine administered according to the formula of Rosenow. In addition to offering this vaccine free, a general educational campaign along all health lines is being carried out among the workers in the plant.

---

DR. O. E. FINK, formerly of Terre Haute, who was honorably discharged from the army, May 1, after eight months of service as chief of the Oto-Laryngological and Ophthalmological Department of the Base Hospital at Camp Sevier, Greenville, S. C., having spent several weeks in the postgraduate hospitals of New York, has opened an office at 408 First National Bank Building, Danville, Ill., where he will limit his practice to diseases and surgery of the eye, ear, nose and throat.

A CLINICAL organization to be known as The Anderson Clinic has been incorporated for \$75,000. The clinic is composed of eight prominent physicians of Anderson, as follows: Thomas M. Jones, Lee F. Hunt, A. W. Collins, Weir Miley, G. A. Whitley, H. W. Gante, V. G. McDonald and E. E. Brock. The physicians have purchased a lot that is centrally located and will erect a modern two-story fireproof brick structure which will be equipped with all modern devices needed by the medical profession in clinical work.

---

THE Mulford Laboratories have just issued a very concise brochure on "Pneumonia Prevention and Treatment." The book deals particularly with the production and testing of anti-pneumococcic serum, pneumo-strep-serum and pneumonia serobacterin mixed. Special attention is given to analysis and illustration of the apparatus for intravenous injection which simplifies the administration to such an extent that an intravenous injection may be safely given without any previous experience. A postal card addressed to The Mulford Company, Philadelphia, will bring this booklet to you.

---

THE thirty-fourth special annual meeting of the St. Joseph County Medical Society was held at the Oliver Hotel, South Bend, November 20. The program was as follows: "Some Phases of Bone Injury and Repair," Dr. B. G. Chollett, Toledo; "Incidence of Malignancy in Gallbladder Disease," Dr. John F. Erdman, New York City; "Neoplasma in Light of Experimental Study," Dr. M. W. Lyon, South Bend; "Focal Infections of the Genito-Urinary Tract," Dr. Chas. M. McKenna, Chicago; "Brain Cell Characteristics and Brain Cell Dysfunctionation," Dr. Albert E. Sterne, Indianapolis.

---

ACCORDING to a report from Paris, all hotels, boarding houses, restaurants, cafes, coffee houses, dairy lunch establishments, lunch counters, canteens, tea rooms and all other establishments serving food and beverages in the city of Paris, are prohibited from serving or from using fresh milk or sweet cream in the preparation of any beverage such as tea, coffee or cocoa. They are, however, permitted to serve condensed milk. It is stated that this measure is justified by the fact that a scarcity of fresh milk is being felt at the approach of winter and likewise by the necessity of assuring to infants and the sick an adequate supply.

THE Third Indiana District Medical Society will hold its annual meeting at Huntingburg, December 16, under the direction of President W. D. Bretz and H. K. Stork, secretary-treasurer. Following is the program: Address, President W. D. Bretz; paper, "The Indications for Administration of and Value of Thyroid Extract in Childhood," J. P. Salb, Jasper; paper, "Cholecystectomy vs. Cholecystotomy," A. M. Hayden, Evansville; paper, "Infant Feeding," P. F. Barbour, Louisville, Ky.; paper, "The Practical Value of Sera and Vaccines." Dinner will be served at noon at the Ideal Hotel by the Dubois County Medical Society.

THE teaching of health and hygiene in the Indiana public schools "whenever and wherever, in the judgment of the school officers, the advancement of the pupils require it, and when conditions generally justify," has been recommended by the State Board of Education. These subjects are to be taught by a regularly licensed teacher and no person shall be eligible to take the examination or to be licensed in the state who is not a high school graduate and a registered nurse in the state of Indiana. The license when issued will entitle the holder to supervise and teach hygiene and health in both elementary and high schools in the state.

DURING November the following articles have been accepted by the Council on Pharmacy and Chemistry for inclusion with New and Non-official Remedies:

Nonproprietary Articles: Neocinchophen.

Calco Chemical Company: Neocinchophen-Calco.

Hollister-Wilson Laboratory: Pituitary Solution-Hollister-Wilson. Ampules Pituitary Solution-Hollister-Wilson.

Pure Gluten Food Co.: Hoyt's Gluten Special Flour.

Van Dyk and Company: Benzyl Benzoate for Therapeutic Use-Van Dyk and Co.

Winthrop Chemical Co.: Luminal, Luminal Sodium, Luminal Tablets.

THE Philadelphia Academy of Surgery announces open competition for the Samuel D. Gross prize of \$1,500 for the best original essay not exceeding 150 printed pages, octavo, in length, illustrative of some subject in surgical pathology or surgical practice founded on original investigations. The candidates for the prize must be American citizens and the essay must be written in English by a single author. Each

essay must be typewritten, distinguished by a motto and accompanied by a sealed envelope bearing the same motto and containing the name and address of the writer. It should be sent before January 1, 1920, to the trustees of the Samuel D. Gross prize of the Philadelphia Academy of Surgery, 19 South 22nd St., Philadelphia.

THE demand for visiting nurses to care for tuberculosis cases in every county in Indiana is becoming more and more pressing according to a statement made recently by E. Q. Laudeman, executive secretary of the Indiana Tuberculosis Association. Letters have been pouring into the office of the state tuberculosis headquarters from the county secretaries of the tuberculosis societies all over the state asking to be supplied with nurses capable of conducting the public health work in their respective communities. With proper effort on the part of the local associations, it is thought that enough nurses will be supplied to take care of the demand in the near future. The proposed plans of the tuberculosis association for the coming year provide for the supplying of public health nurses wherever needed as early as it is possible to obtain and engage them. The association has laid further plans to be accomplished with the funds derived from the Red Cross Christmas Seal Campaign. The furtherance of the health work in the schools by enlarging on the present open-air program and supplying preventoriums for the care of early and advanced cases of tuberculosis are among the proposed extensions.

THE Bureau of Venereal Diseases of the Indiana State Board of Health has established clinics for the free treatment of venereal diseases in the following Indiana cities: Anderson, City Hall opened May, 1919; Columbus, Crump-Lucas Building, 409½ Washington St., opened June, 1919; Clermont,\* Girls' School; Evansville, basement of courthouse, opened February, 1919; East Chicago, 914 Chicago Ave., opened March, 1919; Fort Wayne, Berry and Harrison Sts., opened November, 1919; Hammond, National Bank Building, Homan and Sibley Sts., opened September, 1919; Indianapolis, City Dispensary, corner Senate and Market Sts., opened November, 1918. City Hospital opened September, 1918. City Police Station opened July, 1919, Robert W. Long Hospital, Women's Prison,\* Marion County Jail,\* Jeffersonville, Indiana Reformatory; Kokomo, 107½ Union St., opened March, 1919; Marion, Queen City Building, 5th and Adams,



Rooms 4 and 5, opened August, 1919; Madison, Main St., over Rogers' Drug Store, opened September, 1919; Michigan City, County and City Building, opened July, 1919; Newcastle, 214 Mouch Building, opened August, 1919; Putnamville,\* Indiana State Farm; South Bend, 312 S. Lafayette Blvd., opened September, 1919; Terre Haute, City Hall, opened April, 1919. The attendance on these clinics is constantly growing, a total of approximately 7,000 patients having been treated to December 1. New patients are being admitted to the clinics at the rate of more than 800 each month. Additional clinics will probably be established at Lafayette, Gary, Brazil and Elwood.

THE War Council of the American Red Cross has issued in booklet form a statement of the finances and accomplishments of that organization during the war, or from July 1, 1917, to Feb. 28, 1919. The principal accomplishments of the organization during the war are summarized as follows:

Contributions received (money and material) .....	\$400,000,000
Red Cross members: adults, 20,000,000 children .....	11,000,000 31,000,000
Red Cross workers .....	8,100,000
Relief articles produced by volunteer workers .....	371,500,000
Families of soldiers aided by home service in U. S. ....	500,000
Refreshments served by canteen workers in U. S. ....	40,000,000
Nurses enrolled for service with Army, Navy or Red Cross.....	23,822
Kinds of comfort articles distributed to soldiers and sailors in U. S. ....	2,700
Knitted articles given to soldiers and sailors in U. S. ....	10,900,000
Tons of relief supplies shipped overseas..	101,000
Foreign countries in which Red Cross operated .....	25
Patient days for soldiers and sailors in Red Cross hospitals in France.....	1,155,000
French hospitals given material aid.....	3,780
Splints supplied for American soldiers...	294,000
Gallons of nitrous oxid and oxygen furnished hospitals in France.....	4,340,000
Soldiers served by Red Cross canteens in France .....	15,376,000
Civilian refugees aided in France.....	1,726,000
American convalescent soldiers attending Red Cross movies in France.....	3,110,000
Wounded soldiers carried by Red Cross ambulances in Italy.....	148,000
Children cared for by Red Cross in Italy..	155,000

\*Institutional clinics for inmates only.

## SOCIETY PROCEEDINGS

### INDIANAPOLIS MEDICAL SOCIETY

Meeting of Indianapolis Medical Society at Hotel Washington, November 4, was called to order by the President, Dr. C. F. Neu. Minutes of the previous meeting were read and approved as corrected.

Dr. Norman E. Jobs said that the committee on traffic rules had not had a meeting, partly due to his absence from the city and partly to the fact that information was being sought to the end that a definite and reasonable request might be presented to the authorities.

Dr. Ada Schweitzer moved that a committee of three members of the society be appointed by the chair to supervise the nursing standards of the city. Motion carried.

Dr. Earp introduced Dr. Scott of Kansas, formerly of this place, and by consent the courtesy of the society was extended to Dr. Scott during his stay among us.

Dr. Max Bahr reported a case of "Encephalomalacia with Pathological Demonstration of Specimens."

Dr. Sterne said in discussion that Dr. Bahr's presentation represented an enormous amount of work which was probably not appreciated by those not directly interested in this kind of work.

These studies are of the utmost importance to all. Had this case been seen earlier a more thorough knowledge might have been had of it as the earlier symptoms were swallowed up in the later and grosser manifestations. Consequently all doing general work should learn to recognize these symptoms early.

We are prone to overlook the early arterial changes especially as these conditions often run right through families. He said these arterial changes are seen in early life and this too in the absence of syphilis and should be studied. We find even children suffering from these changes. Urine findings are of no importance except as corroborative. These children have arteriosclerosis and go oftentimes into such cases as is reported by Dr. Bahr.

Dr. Neu said the multiplicity of symptoms noted in this case was due to the multiplicity of lesions present. The symptoms in mental cases depend on the rapidity and extent of the lesion. In hemorrhage the total tract area is involved hence the symptoms are quickly noted. In the case of a tumor you have a slow growth and hence a slow manifestation of the symptoms. Sclerotic vessels of the brain are found when no systemic sclerosis is seen. Foreign doctors place more stress on heredity in these cases than American. The group of cases has for a long time been a source of worry for doctors. Prognosis is always bad and treatment is nil.

Dr. Bonn said treatment is nil. Treatment should have begun fifteen years ago to prevent this condition. Early arteriosclerosis is of great importance. Should never tell a patient he is neuresthenic without taking blood pressure. Many of these cases have a syphilitic background. May not be in immediate family but may be way back.

Attendance 48.

## Meeting of November 18

The meeting of Tuesday, November 18, was called to order by the President, Dr. C. F. Neu. Minutes of the previous meeting were read and approved as read. After accepting the report of the Council the society, by vote, elected Dr. Harry C. Sharp and Andrew T. Custer to membership into the society.

Dr. Wishard read the report of the committee that was appointed to secure the \$10,000 guarantee fund for the Lilly Base Hospital. The report showed that two assessments had been made on the subscribers totaling \$1,910. The unexpended balance was handed your secretary in the sum of \$1,342.57.

Dr. Noble moved that the report be accepted and the money remaining be returned to the general fund of the society. Motion seconded. After much discussion Dr. Moon moved to table the original motion. This was seconded and carried. Dr. Cregor moved the report of the committee be accepted. Carried. Dr. Tomlin moved the secretary write each subscriber to this fund and ask if he be willing to turn the unexpended balance into the general fund. Motion carried. Dr. Clark expressed his appreciation for subscription and said while a very little of the sum was expended it was a source of comfort to know it was available if needed. He thanked each individual subscriber.

Dr. Wishard moved that a vote of thanks be extended to Dr. Clark for the admirable way in which the trust fund was handled. Carried.

Dr. Henry presented the following resolutions which were adopted by the society:

WHEREAS, A conservative estimate places the number of active cases of tuberculosis in Marion County at 6,000 and Marion County provides but 100 beds for the institutional care of such cases, and

WHEREAS, This county provides no facilities for removing advanced cases of tuberculosis from their homes and families, thus leaving scores of children open to infection, and

WHEREAS, We believe that adequate provision for the institutional care of tuberculosis patients in any community is true economy, therefore be it

*Resolved*, That the county officials of Marion County be informed that the Indianapolis Medical Association as a body heartily approves the contemplated enlargement of Sunnyside, the County Tuberculosis Sanatorium, and be it further

*Resolved*, That all members of this Association be urged to use their influence in bringing about such enlargement, to the end that liberal provision will be available for all early and advanced cases in Marion County.

(Signed) C. F. NEU, M.D., President,  
A. L. MARSHALL, M.D., Secretary.

Following was the program of the evening: "Pathology," by Dr. Virgil Moon; "Early Recognition and Management from the Viewpoint of the Internist," by Dr. F. B. Wynn; "Differential Diagnosis," slides, by Dr. H. O. Mertz; "Value of Roentgen Ray in Diagnosis," by Dr. R. C. Beeler; "Surgical Treatment," by Dr. H. G. Hamer.

In discussion Dr. Noble said it was wonderful how Nature takes care of herself in zymotic diseases. She does this in three ways: (1) By phagocytosis; (2)

by forming antibodies; (3) by encapsulation. The latter is the one most resorted to by Nature. The encapsulations later become a thorn in the flesh for their tendency later is to break down. A kidney that has started to break down never shows any tendency to regenerate hence the treatment is essentially surgical. It means nephrectomy. He disagreed with the essayist in the lumbar route as choice because of the probability of wounding abdominal viscera without the means of repairing. Going through the transperitoneal way gives greater view of field, gives opportunity to repair any injury to viscera, the ureter can easily be taken out to the bladder.

Dr. Wishard emphasized the value of the study of the mixed infections pertaining to kidney involvement and the necessity of thorough drainage. He is sure that a number of his infected kidneys had their beginning in the bladder.

Renal and bladder involvement makes a worse surgical risk than where the kidney alone is involved. Has had cases that were not good surgical risks because of the infected bladder. In such cases he has made a vesical fistula putting the bladder out of commission and later doing a nephrectomy with good results. He said the mere finding of a narrowing of the orifice justifies a kidney extraction. He did not believe the abdominal route is the universal and only method justified. This route is of course indicated when other surgery is to be done but no other surgery that can possibly be avoided should be done at this time. He said there was more shock following the abdominal section.

Dr. McCown advocated the lumbar incision, saying injury to the colon is rare accident. Fistulae are not seen as often as formerly because of the larger opening being made now. Does not resect ureter down to bladder because this is not the large offending factor that is removed in the removal of the kidney and with it gone the balance is thrown toward the antibodies and recovery is made. Meeting adjourned.

Attendance 110.

DR. A. L. MARSHALL, Secretary.

## ELEVENTH DISTRICT

The following paper, read by Dr. C. H. Good, Huntington, before the Eleventh District Medical Society, is published at the request of the society:

## THE DOCTOR IN WAR

On the occasion of our last district meeting, at Huntington, the ladies had charge of the toasts at the banquet, and right well did they fill the evening's entertainment with their wit and eloquence. We were proud of their eloquent reference to the "doctor at home, in camp and in war," and when I was asked to respond to an address tonight, I said that "The Doctor in War" would suit me.

But I feel unequal to the occasion; words fail to express my great admiration for my confrères who served their country in the great world war; who, closing their offices, quitting a lucrative practice, bidding good-bye to family and friends, went to camp and performed their duty, faithfully and well. In propor-



tion to his number, the doctor won the Distinguished Service Cross, the Military Star, the Legion of Honor, the Croix du Guerre, or the Victorian Cross, as often, if not oftener, than any other, for heroism displayed in time of battle or in hospital service. To the common soldier we pay first and lasting tribute, for to him, more than to any other, belongs the honor of the great victory, but the doctor is not far away. He was not conscripted, and that will always stand as a monument to the doctor, a lasting honor and glory to our great profession. Do not misunderstand me. I think the conscription act one of the greatest passed to help win the war. Until that time, the fact that the struggle was 3,000 miles away made enlistments slow. But with conscription came a new spirit—a new life—and the record made by the government in registering 10,000,000 young men, and examining, mobilizing and sending over 2,000,000 of them to France, was one of the achievements which made possible the winning of the war. For whatever else we may need for successful warfare, we must have men.

The final success of the draft was, in a large measure, due to the medical profession. Every draft board had one or two doctors; every medical advisory board had three or more; the offices of the Surgeon and Adjutant-General were filled with the greatest leaders of our profession, giving their time and their knowledge. During the war, at the apex, there were 31,197 doctors in the M. R. C., 3,000 in the Navy, and 1,000 in the Public Health, making, in all, more than 35,000 doctors in the service out of 140,000 in the country. In the Volunteer Medical Corps 90,000 enlisted for all and any kind of duty. Over in Huntington County, two doctors, 82 and 88 years of age, enlisted. And it has been reported that when the Kaiser and the Huns heard of it, they capitulated and offered to surrender. Be that as it may, it showed a high degree of devotion and service to one's country. The response to that call along with the volunteers of the medical corps, revealed the great heart of the medical profession, not alone in actual service, but in true-blue Americanism.

The record of "the doctor in war" shows that he was kind and devoted to the soldier patient; in hospital—field, base, evacuation or camp—he was ready and efficient; on home draft boards or in Washington, he was zealous and loyal. So with the new regulations of the Army, he will come into his own, for the medical department of the Army is not a bad place in which to stay; for of all the distinguished men in uniform, none stands higher in great leadership and in line for more eminent honors than a graduate of the medical department of Harvard, who was the son of a country practitioner, and was, himself, a doctor, until he entered the Army as a surgeon. You all know whom I mean—that great American—Gen. Leonard A. Wood.

Judging by every standard, "the doctor in war" made good, and we who failed to go can at least be proud of our brothers who did.

But it was not in service alone that "the doctor in war" won fame. Among those whose name is immortal, is that of the young Canadian doctor, who, during the progress of the second battle of Ypres, gave to the world his beautiful and wonderful lyric:

"In Flander's fields the poppies blow  
Between the crosses, row on row—"

Though not of our country, he touched the heart of us better than any other. I can recite his verses every day and weep. His body now lies in Flander's fields, but those tragic lines will, like Lincoln's Gettysburg address, Washington's farewell, and Lowell's ode to the Union soldiers on the Fourth of July, live as long as time, making the name and fame of Col. Dr. John McCrae immortal among the heroes of the world, reminding us that it was a "doctor in war" who wrote the best verse in memory of the 10,000,000 who died for liberty and justice. No, we will not break faith with our "Doctor in War," but ever honor and worship his great and lasting service, the noblest thing in life.

So here's to "the doctor in war,"  
May he prosper at home, as of yore;  
May his office be full to the door,  
And for business, may want never more.

Of mem'ries, he has a rich number,  
He's happy in work that's well done;  
No troubles will come to encumber,  
But patients, much pleasure, and a big income.

He was loyal, efficient and true,  
As bravely he stood by the flag,  
The red and the white and the blue—  
Without any bluster or brag.

So shower him with honor and fame,  
Greet him with friendship and love.  
Till God, on high, calls him by name  
To that beautiful home above.

## THE TRUTH ABOUT MEDICINES

### NEW AND NONOFFICIAL REMEDIES

Since publication of New and Nonofficial Remedies, 1919, and in addition to those previously reported, the following articles have been accepted by the Council on Pharmacy and Chemistry of the American Medical Association for inclusion with "New and Nonofficial Remedies":

**ALBUTANNIN.**—Tannin Albuminate Exsiccated.—A compound of tannin and albumin, thoroughly exsiccated and containing about 50 per cent. of tannic acid in combination. It was first introduced as tannalbin. The use of albutannin is based on the assumption that the tannin compound passes the stomach largely unchanged and thus the astringent action will be exercised in the intestine where the compound will be decomposed by the intestinal fluid, slowly liberating the tannic acid. Albutannin is used in diarrhea, particularly in that of children, and in phthisis.

**ALBUTANNIN-CALCO.**—A nonproprietary brand complying with the standards for albutannin. The Calco Chemical Co., New York.

**ALBUTANNIN-MERCK.**—Merck and Co. have adopted the name albutannin for the product accepted as tannin albuminate exsiccated-Merck (see Supplement to New and Nonofficial Remedies, 1919, p. 12) (*Jour. A. M. A.*, Nov. 1, 1919, p. 1363).

**ACETANNIN**—Tannyl Acetate.—The acetic acid ester of tannin.—Acetannin was first introduced as tannigen. Acetannin is claimed to be practically nonirritant to the stomach and to pass unchanged into the intestine, there to become effective as an astringent. It is used in diarrheal affections.

**ACETANNIN-CALCO**.—A brand of acetannin complying with the standards of New and Nonofficial Remedies. The Calco Chemical Co., New York.

**ANTIPNEUMOCOCCIC SERUM, COMBINED TYPES I, II AND III**—GILLILAND.—Prepared by immunizing horses with dead and living pneumococci of the three fixed types and standardized against Type I culture. Marketed in 50 Cc. gravity injecting packages and also in 50 Cc. and 100 Cc. vial packages. The Gilliland Laboratories, Ambler, Pa. (*Jour. A. M. A.*, Nov. 8, 1919, p. 1442).

**TABLETS CINCHOPHEN**—ABBOTT, 7½ GRAINS. — Each tablet contains 7½ grains of cinchophen—Abbott. Cinchophen was first introduced as atophan and is in the U. S. Pharmacopeia as *Acidum phenylcinchoninicum*. The Abbott Laboratories, Chicago.

**ACRIFLAVINE AND PROFLAVINE**.—These are dyes derived from acridine, a base found in coal tar. Their use in medicine is proposed on the claim that they have high antiseptic power, together with comparative freedom from toxic or irritant action and without inhibiting effect on the phagocytic action of leukocytes or on the healing process. They have been used as wound antiseptics, and acriflavine has also been proposed for the treatment of gonorrhea. The reports on the value of the two preparations are contradictory and conflicting. In the treatment of wounds, solutions of 1:1,000 in physiologic sodium chloride solution are commonly recommended. In gonorrhea, a strength of 1:1,000 in physiologic sodium chloride solution is used for an injection into the urethra, and weaker solutions have been used for lavation.

**ACRIFLAVINE**.—This is 3,6 diamino acridine sulphate. For a discussion of the actions, uses and dosage, see above. Acriflavine is a brownish-red, odorless, crystalline powder, soluble in less than two parts of water and in alcohol, forming dark red solutions which fluoresce on dilution. It is nearly insoluble in ether, chloroform, liquid petrolatum, fixed oils and volatile oils.

**PROFLAVINE**.—This is 3,6 diamino acridine sulphate. For a discussion of the actions, uses and dosage, see the preceding article, Acriflavine and Proflavine. Proflavine is a reddish-brown, crystalline powder. It is soluble in water and alcohol, forming brownish solutions which fluoresce on dilution. It is nearly insoluble in ether, chloroform, liquid petrolatum, fixed oils and volatile oils (*Jour. A. M. A.*, Nov. 8, 1919, p. 1443).

**PITUITARY SOLUTION**—HOLLISTER-WILSON. — Liquor Hypophysis.—A sterilized solution of the water soluble extract of the posterior portion of pituitary glands of cattle, preserved by the addition of chlorbutanol. It is standardized according to the method of Roth and complies with the U. S. P. standard. The Hollister-Wilson Laboratories, Chicago.

**AMPOULES PITUITARY SOLUTION**—HOLLISTER-WILSON 1 Cc.—Each ampoule contains pituitary solution—Hollister-Wilson 1 Cc. (*Jour. A. M. A.*, Nov. 29, 1919, p. 1699).

#### PROPAGANDA FOR REFORM

**PINOLEUM**.—A postcard advertising Pinoleum implies that Alexander Lambert, President of the American Medical Association endorses this nostrum. Dr. Lambert has never used the Pinoleum products, and protests against the dishonest method of advertising

them. Pinoleum has long been advertised to the public via the medical profession. Its life history is that of the typical nostrum. Epidemics are utilized as opportunities for pushing the product. As the Pinoleum Company now misuses the name of Dr. Lambert, so it made the false use of the name of Dr. George W. McCoy, of the U. S. Public Health Service (*Jour. A. M. A.*, Nov. 1, 1919, p. 1380).

**LAVORIS**.—In recent years, Lavoris has been widely advertised as "The Ideal Oral Antiseptic," particularly to the dental profession. In 1913, a card was sent out according to which each pint of Lavoris contained zinc chloride, 1.040; resorcin, 0.520; menthol, 0.400; saccharin, 0.195; formalin, 0.195; cl. cassia zeyl., 0.780; cl. caryophyl., 0.195. Advertisements now appearing repeat the "formula," except that resorcin is omitted. The formula is indefinite and misleading in that no denomination of weight is given for the various constituents. Analysis in the A. M. A. Chemical Laboratory demonstrated that the Lavoris now sold contains no resorcin and that the zinc content is equivalent to 0.1 gm. per 100 Cc. (about ½ grain to the ounce). As the analysis shows that the "formula" is not only meaningless because no denomination of weight is given, but that the zinc content is inaccurate for any denomination which might be assumed, the Council on Pharmacy and Chemistry declares the composition of Lavoris essentially secret. The Council also reports that Lavoris is advertised to the public indirectly with claims that are unwarranted and objectionable from the standpoint of public safety. Further, the Council reports that the name is objectionable in that it does not indicate the composition or potent ingredients of the mixture and that the composition is irrational in that the user is likely to ascribe a false and exaggerated value to it (*Jour. A. M. A.*, Nov. 1, 1919, p. 1380).

**OLIVE OIL AS A LAXATIVE**.—In order that digestible oils may act as laxatives, it is necessary to give more than can be digested and absorbed. In the case of an infant, this may be one or more teaspoonfuls daily, beginning with small dosages and increasing them until the desired effect is obtained. For adults, one or two tablespoonfuls may have to be given three times daily, either an hour before meals or two hours after meals. Olive oil may be taken mixed with hot milk or floating in fruit juice. Olive oil might be particularly serviceable in spastic constipation in an emaciated individual. The use of olive oil as a laxative would be contra-indicated in obesity, diabetes, gastric atony and in hypochlorhydria, as well as in those inclined to biliousness (*Jour. A. M. A.*, Nov. 8, 1919, p. 1441).

**SOME MORE MISBRANDED NOSTRUMS**.—The following preparations have been found to be misbranded under the federal Food and Drugs Act: Fruitatives, sold under the false claims that the laxative properties were due to the fruit extract; Tubbs' Bilious Man's Friend, a water-alcohol solution of sugar and plant extractives (rhubarb) with a very small amount of aromatics; Deerfield Water, consisting in part of a filthy, decomposed and putrid animal and vegetable substance; Mederine, a water-alcohol solution of sugar, potassium iodide, methyl salicylate, salicylic acid, glycerin and laxative plant extractives, and Robinson Spring Water, falsely claimed to be effective in Bright's disease, diabetes, gout, rheumatism, indigestion, etc. (*Jour. A. M. A.*, Nov. 8, 1919, p. 1458).

**ACRIFLAVINE AND PROFLAVIN**.—Tentative descriptions and standards for acriflavine and proflavine are published in New and Nonofficial Remedies for the information of manufacturers, pharmacists and physicians. In view of numerous inquiries regarding the



therapeutic properties of these dyes which have been received by the Council on Pharmacy and Chemistry, the Council has prepared an abstract of the available literature on the subject. From this review, it is evident that the use of the dyes is in the experimental stage and that their value cannot be definitely judged. Of the thirty-four reports which are abstracted, twenty-five may be considered as favorable; seven are distinctly unfavorable and two are in the doubtful class (*Jour. A. M. A.*, Nov. 15, 1919, p. 1542).

**MEDINAL.**—Medinal is a proprietary name applied to barbitol sodium (sodium diethylbarbiturate), the sodium salt of barbitol (diethylbarbituric acid, first introduced as veronal). The Council on Pharmacy and Chemistry reports that Medinal was omitted from New and Nonofficial Remedies in 1916 because the advertising issued by Schering and Glantz (who then acted as agents for the Berman manufacturer) contained misleading and unwarranted therapeutic claims. The Council further reports that Medinal, said to be manufactured in the United States, is now marketed by Schering and Glantz, Inc., but that the claims which are made for it are still unwarranted and prevent the acceptance of it for New and Nonofficial Remedies (*Jour. A. M. A.*, Nov. 15, 1919, p. 1542).

**PHYLACOGENS.**—A circular letter devoted to singing the praises of "Pneumonia Phylacogen" contains this: "Pneumonia Phylacogen has been found to be a dependable means of preventing and treating pneumonia complications of influenza. In one large city it became a routine measure to give all persons affected with influenza an injection of Pneumonia Phylacogen as a prophylactic of pneumonia. The results were remarkable. Not only did the cases improve rapidly but in a majority of them the pneumonia did not occur." The injection of Phylacogens is simply the administration of a mixture of the filtered products of several bacterial species. The results that follow represent the reaction of the bacterial proteins—a reaction for good or evil. There is no scientific evidence to show that they possess any specific prophylactic virtue. To recommend their use in patients with influenza, as a prophylactic against pneumonia, is unwarranted; and the physician who acts on the advice of the manufacturer must assume the responsibility of the results. In case of mishap, he cannot fall back on the manufacturer. He will find no scientific evidence to support him (*Jour. A. M. A.*, Nov. 15, 1919, p. 1442).

**VACCINES IN INFLUENZA.**—The efficacy of vaccines in preventing influenza or of preventing or decreasing the severity of secondary infections is unproved. In view of the varying preponderance of the different organisms isolated from influenza cases, it is evident that even if a certain mixture is found efficacious in one locality, it may not be effective in another. Thus far, hope and imagination have exceeded scientifically controlled facts. Many vaccines come highly recommended by their manufacturers; but very little dependable evidence is submitted to show how much, if at all, the patient will profit therefrom (*Jour. A. M. A.*, Nov. 15, 1919, p. 1544).

**THE ELI PRODUCTS OF ELI H. DUNN.**—Physicians are receiving advertising matter from a concern that seems to operate under various names, such as "E. H. Dunn and Co.," "Eli H. Dunn," "Eli Laboratory," etc. The concern is located in Kansas City, Mo. It advertises "Eli 606 Capsules," "Eli Vaginal Capsules," "Eli 'Vim' Restorative," and an intravenous nostrum, "Ampules Eli Venhydrarsen." "Dun's Intravenous and Restorative Treatment" is advised for the treatment of hysteria, and a price to the patient of \$300 is suggested.

The gross commercialism that permeates the advertising again illustrates the fact that the fad for intravenous medication offers an attractive field for those who would exploit our profession (*Jour. A. M. A.*, Nov. 22, 1919, p. 1628).

**COTARNIN SALTS (STYPTICIN AND STYPTOL).**—The Council on Pharmacy and Chemistry announces the omission of cotarnin salts (Stypticin and Styptol) from New and Nonofficial Remedies. Salts of the base cotarnin have been used as local and systemic hemostatics. The hydrochloride was first introduced as "Stypticin" and is now in the Pharmacopoeia as cotarnin hydrochloride. The phthallic acid salt of cotarnin—cotarnin phthallate—was introduced as "Styptol." In 1918, Stypticin was omitted from New and Nonofficial Remedies because the former American agents were no longer offering it for sale. Styptol was retained and is described in N. N. R., 1919. As was pointed out in the description (N. N. R., 1919.), the evidence for the usefulness of the cotarnin salts has been contradictory and unsatisfactory. Now P. J. Hanzlik has made a thorough investigation of the efficiency of hemostatics and has shown the inefficiency of cotarnin salts. The evidence was so definite that the Council has directed the omission of the general article on cotarnin salts and the description of Styptol from New and Nonofficial Remedies (*Jour. A. M. A.*, Nov. 22, 1919, p. 1628).

**URI-NA TEST.**—The Uri-Na Test, sold by the Standard Appliance Co., Philadelphia, bears a strong family resemblance to Capell's Uroletic Test. Both are said to permit the detection of syphilis by an examination of urine. There is no method known at the present time by which the absence or presence of syphilis can be determined by a simple color test of the urine (*Jour. A. M. A.*, Nov. 22, 1919, p. 1630).

**MICAJAH'S WAFERS AND MICAJAH'S SUPPOSITORIES.**—The Council on Pharmacy and Chemistry reports that "Micajah's Medicated Wafers" (formerly called "Micajah's Medicated Uterine Wafers") and "Micajah's Suppositories," sold by Micajah and Co., Warren, Pa., are inadmissible to New and Nonofficial Remedies because: (1) Their composition is essentially secret; (2) the name of neither of these mixtures is indicative of its composition; (3) of unwarranted and exaggerated therapeutic claims, and (4) the therapeutic advice which accompanies the trade packages constitutes an indirect advertisement to the public. The "wafers" were analyzed in the A. M. A. Chemical Laboratory in 1910 and found to consist essentially of dried ("burnt") alum, boric acid and borax. The suppositories were recently examined in the A. M. A. Chemical Laboratory and, like the "wafers," were found to contain alum, boric acid and borax—and these substances practically alone—incorporated in cocoa butter. The company claims that "to these have been added Ammonii Ichthyosulphonate, Balsam of Peru, Ext. Belladonnae." The A. M. A. chemists report, however, that if extract of belladonna is present at all, it is in amounts too small to be detected by the methods commonly employed in the chemical examination of alkaloidal drugs.

The chemists report further that while ammonium ichthyosulphonate and balsam of Peru both have a decided odor and a dark color, the suppositories have but little color, and the odor of cocoa butter which forms their base is not covered by these drugs. Obviously, therefore, if ammonium ichthyosulphonate and balsam of Peru are present at all, the amounts are utterly insufficient to exert any therapeutic effect (*Jour. A. M. A.*, Nov. 29, 1919, p. 1715).

## BOOK REVIEWS

**THE OPERATIONS OF OBSTETRICS;** Embracing the Surgical Procedures and Management of the More Serious Complications. By Frederick Elmer Leavitt, M.D., formerly Assistant Professor of Obstetrics and Gynecology, University of Minnesota; Obstetrician to the City and County Hospital, the St. Paul Hospital, the Bethesda Hospital, etc., St. Paul, Minn. With 248 illustrations. St. Louis: C. V. Mosby Company, 1919. Price, \$6.

This is a book of 441 pages printed in large type on heavy glazed paper. The illustrations are good and sufficiently numerous, and the index satisfactory. The author does not attempt to describe all of the more or less popular methods of doing the various obstetrical operations, but he does describe in a clear and concise way one or more good methods of doing each of them. The pathologic and physiologic aspects of the various questions are but lightly touched. A book of this kind should be in the hands of every student and general practitioner and it should be added that this is an excellent book of its kind.

**THE PERITONEUM.** By Arthur E. Hertzler, M.D., F.A.C.S., Surgeon to the Halstead Hospital, Halstead, Kan.; Associate Professor of Surgery, University of Kansas; formerly Professor of Pathology, Experimental Surgery and Gynecology, University Medical College, Kansas City, Mo. St. Louis: C. V. Mosby Company, 1919. Price, \$10.

This work is in two volumes. The first volume deals with the structures and function of the peritoneum in relation to the principles of abdominal surgery, and is a contribution from the laboratory of the Halstead Hospital, and from the Department of Anatomy of the University of Illinois. Both volumes give ample evidence of much painstaking research, careful work and practical experience. Moreover, the author has a sense of humor and satire which shows itself not infrequently, much to the advantage of many if not most readers.

All that is known of the structure and function of the peritoneum is presented in this first volume and the relation of this knowledge to practical work is pointed out together with several fallacies such as diaphragmatic stomata. The beneficent influence of tympany and fibrous exudates should be more fully appreciated by operative surgeons. It is to be hoped also that the anatomical and physiological facts concerning the peritoneum which the author so clearly demonstrates may lead to more rational procedure on the part of surgeons concerning the position of patients after operation and drainage.

It is the author's opinion that the intercellular substance produced during the formation of fibrous tissue is probably derived not from the cells but from the blood stream. In just what way cells contribute to the transformation of fibers from fibrin is not yet clear. However, it is the author's opinion that the formation of fibrin bundles is the primary factor in wound healing and that these bundles are directly formed into fibrous tissue by agencies yet unknown.

Failure to relieve symptoms by operation usually means wrong diagnosis and is not due as a rule to postoperative adhesions. Still speaking on the subject of adhesions the author says, "It is the unde-

served reputation of adhesions for mischief, due to the slanderous conversation of surgeons rather than to the real mischief they do which has brought them into ill repute." In the author's opinion "There is but one pack preferable to the dry pack in the abdomen, that is the one that remains in the dressing closet."

The second volume deals with diseases of the peritoneum and their treatment. The subject is treated in a methodical way, commencing with the classification of peritonitis, its etiology, pathology, general symptoms, diagnosis and prognosis. A separate chapter is devoted to the cause of death in peritonitis, another to the treatment of acute general peritonitis and still another to the discussion of the general subject of operations on the peritoneum. The second part of this volume deals with the various types of peritonitis, including fetal peritonitis and tuberculosis of the peritoneum. The three concluding chapters are devoted to a consideration of "Thrombosis and Embolism of the Mesenteric Vessels," "Diseases and Injuries of the Great Omentum," and "Tumors of the Peritoneum."

The author apologizes for having invented an instrument to facilitate the reintroduction of gauze drains and emphasizing the fact that when gauze drains are placed they should be allowed to remain from six to ten days, or, in other words, until they have begun to separate spontaneously. Position can aid but little in the matter of drainage and this aid is confined to the first few hours and it is therefore useless to subject the patient for days to an uncomfortable position with a view to facilitating drainage. "To keep the patient in an uncomfortable position for days is without excuse."

On the subject of ileus the author makes the very pertinent remark that "the recognition of an ileus is important, but meddlesome loosening of loops engaged in the beneficent mission of limiting the spread of infection is meddlesome surgery." The fear that these adhesions will cause trouble later on is unfounded.

There are many other points in the book which especially attracted the notice of the reviewer to which he would like to refer but lack of space forbids.

The author gives an extensive bibliography to each of the subjects treated.

Only the second volume is indexed.

The book is printed on heavy glazed paper, large type. The illustrations are good.

The author has placed the profession of surgery under obligation to him by the publication of this work.

**A TEXTBOOK OF GENERAL BACTERIOLOGY.** By Edwin O. Jordan, Ph.D., Professor of Bacteriology in the University of Chicago and in the Rush Medical College. Sixth edition, thoroughly revised. Octavo of 691 pages, fully illustrated. Philadelphia and London: W. B. Saunders Company, 1918. Cloth, \$3.75 net.

Jordan's Bacteriology has been one of the most widely used standard textbooks on this subject, and is, therefore, one of the best known and most popular of all medical books. Comment on this work is almost superfluous. Suffice it to say that this sixth edition has been thoroughly revised. The chapter on pneumococcus has been entirely rewritten, and the one on meningococcus extensively revised. Some new sec-



tions have been added and many minor changes made throughout the text. Thus the work has been brought fully up to date. There is no doubt that this book will continue to enjoy the tremendous popularity it has gained in the past.

**EXPERIMENTAL PHARMACOLOGY.** By Hugh McGuigan, Ph.D., M.D., Professor of Pharmacology in the University of Illinois, College of Medicine, Chicago, Ill. 252 pages. Philadelphia and New York: Lea and Febiger, 1919. Cloth, \$2.75.

This is a very interesting and valuable manual presenting experimental pharmacology in a concise form. It gives the student a knowledge of the action of drugs and living tissue through experiments, and a comparison of the action of one drug with that of another. The various pharmacologic investigations, with the methods of procuring records and tracings, are described in a clear and comprehensive manner and illustrated so freely as to make the text readily understood. Sufficient experiments are given to illustrate the chief actions of each drug. The pharmacology of all of the organs of the body and the action of many well known drugs is considered in the various chapters. The book will be found of particular value to a student of medicine who desires to acquire a knowledge of the action of drugs through experimental pharmacology.

**MISCELLANEOUS NOSTRUMS.** Prepared and issued by the Propaganda Department of the Journal of the American Medical Association, 535 North Dearborn Street, Chicago. Paper binding, 20 cents.

This is one of the pamphlets issued by the Propaganda Department of *The Journal of the American Medical Association* as part of its work in giving the public the facts regarding the nostrum evil and quackery. While it is intended for the public it is of interest to members of the medical profession who often are asked as to the value of certain nostrums that are widely advertised or recommended by unthinking persons for the relief of various abnormal conditions or ills affecting mankind. The information furnished is trustworthy, and it is not a bad idea to have one or more of the pamphlets on the table in the doctor's reception room where they will be accessible to patients.

The pamphlet exposes the fraudulency of such nostrums as Hall's Catarrh Cure, Caldwell's Syrup of Pepsin, Tanalac, Hood's Sarsaparilla, and several hundred other nostrums.

**PSYCHIATRIC - NEUROLOGIC EXAMINATION METHODS.** With Special Reference to the Significance of Signs and Symptoms. By August Winner, M.D., Director St. Hans Hospital, Roskilde, near Copenhagen, Denmark. Authorized translation by Andrew W. Hoistolt, M.D., Medical Superintendent, Napa State Hospital; Professor of Psychiatry, Medical Department, Leland Stanford Jr. University, San Francisco. St. Louis: C. V. Mosby Co., 1919. Cloth, \$2 net.

This book is intended as a practical guide for those seeking information in regard to methods of examination in psychiatric or neurologic cases. The author plainly states that his work is not intended to serve as a treatise or reference text, but to teach how an

examination may be "methodologically carried out." This particular phase of the practice of psychiatric-neurologic medicine has in the past not received and still does not receive the time and emphasis it should have in the medical curriculum. Therefore, both students and practitioners may expect to find in this little work quite a good deal of real value and benefit to them.

**HUMAN INFECTION CARRIERS, THEIR SIGNIFICANCE, RECOGNITION AND MANAGEMENT.** By Charles E. Simon, B.S., M.D., Professor of Clinical Pathology in the University of Maryland School of Medicine, and the College of Physicians and Surgeons, Baltimore, Md. Philadelphia and New York: Lea and Febiger, 1919. Cloth, \$2.25.

Primarily this book was written for those learning to recognize infection or disease carriers, and for medical students in general. Such a work, however, is of real value to every medical worker who comes in contact with a disease or situation in which may come up this important question of the spreading of disease. It is a work along entirely new lines, and is submitted in response to the active demand for a book of this sort as a result of the rapid advances made in this field during recent years. The various phases of the carrier problem are discussed quite fully and in language easily understood. Also, the most important state, municipal, and federal laws and regulations enacted up to Jan. 1, 1918, bearing on this question are appended.

This new work can be recommended as a text and reference book of real value in all questions that may come up in relation to infection or disease carriers.

**DIET IN HEALTH AND DISEASE.** By Julius Friedenwald, M.D., Professor of Gastro-Enterology in the University of Maryland School of Medicine and College of Physicians and Surgeons, Baltimore, and John Rubrät, M.D., Professor of Diseases of Children in the University of Maryland School of Medicine and College of Physicians and Surgeons, Baltimore. Fifth edition, reset. Philadelphia and London: W. B. Saunders Company, 1919. Cloth, \$6 net.

The authors state that in appreciation of the popularity of this work among the general profession they have tried to make this new edition "of more value than the preceding ones." In this endeavor they have succeeded splendidly. They have brought this edition up to date in every respect, and have thereby enhanced the reputation that this work has enjoyed in the past. They have condensed the best of the sum total of our knowledge as to diet in health and disease. Many new features, such as articles on vitamins, amino-acids, acid and alkali content of food, relation of food to skin surface, milk standards, food sensitization, Sippey's diet in ulcer, have been added. The sections on infant feeding, rectal feeding, diabetes, obesity, acidoses, the Karrell cure, renal diseases, pellagra and the deficiency diseases, have been rewritten in part or entirely. So much that is really important and of tremendous value to the general man as well as to the specialist is contained in this new edition that no active practitioner who is called on to decide questions of diet ought to be without this book.

(Continued on adv. page xviii)

# INDEX TO VOLUME XII

## ORIGINAL ARTICLES

A	PAGE	E	PAGE
Abdomen, War Wounds of the, Some Observations on .....	225	EDWARDS, SCOTT R., Indianapolis (Bacillus Fusiformis Infection, with Report of One Case). 132	
Abdominal Hysterectomy, Factors of Safety in..	71	(Blood Sugar Tolerance in Cancer).....	296
Abdominal Quadrant, Right Upper, Differential Diagnosis of Affections.....	183	Empiricism, Medical, and the Pathology of Chronic Head and Throat Infections.....	125
Abscess, Appendiceal, Discharging Through the Vagina in a Girl of Nine Years, Report of a Case of .....	228	Eye Cases by the General Practitioner, Management of .....	4
ALLEN, H. R., Indianapolis (Facts Concerning Club Feet) .....	130		
Alopecia, Premature .....	191	F	
Anesthesia in Curriculum and Clinic.....	6	Focal Infections .....	158
Appendiceal Abscess Discharging Through the Vagina in a Girl of Nine Years, Report of a Case of.....	228	FOXWORTHY, FRANK W., Indianapolis (Medical Treatment of Duodenal Ulcer, with Special Reference to the Treatment of Hemorrhage) .	152
AUSTIN, M. A., Anderson (The Industrial Clinic) .	40		
		G	
B		Gallbladder and Stomach, Differential Diagnosis Between Lesions of .....	186
Bacillus Fusiformis Infection, with Report of One Case .....	132	GATCH, W. D., Indianapolis (Anesthesia in Curriculum and Clinic) .....	6
BEALL, CHARLES G., Fort Wayne (Nephritis and Infections of the Urinary Tract).....	209	General Practitioner, Management of Eye Cases by the .....	4
(Treatment of Tetanus with Report of Six Cases) .....	321	Goiter, Toxic, Lobectomy vs. Ligation of the Vessels in .....	230
Bladder, Foreign Bodies in the, and the Cystoscope as an Aid in Their Removal.....	229	GUTHRIE, DONALD, Sayre, Pa. (Factors of Safety in Abdominal Hysterectomy).....	71
Blood in the Urine, Clinical Significance of.....	93		
Blood Sugar Tolerance in Cancer.....	296	H	
BOND, GEORGE S., Indianapolis (The Soldier's Heart) .....	74	Head and Throat Infections, Chronic, Medical Empiricism and the Pathology of.....	125
BONN, H. K., Indianapolis (Malignant Epithelial Growths of the Thyroid Gland).....	67	Headache as a Symptom.....	160
BREITENBACH, O. C., Columbus (Medical Empiricism and the Pathology of Chronic Head and Throat Infections) .....	125	Heart, The Soldier's .....	74
BRUGGEMAN, HENRY O., Fort Wayne (Some Observations on War Wounds of the Abdomen). 225		HUMES, CHARLES D., Vittel-Contrexeville Center, Vosges, A. E. F., (Indianapolis) (War Neuroses) .....	123
		Hysterectomy, Abdominal, Factors of Safety in..	71
C			
Cancer, Blood Sugar Tolerance in.....	296	I	
Cesarean Section and Obstetric Operations Under Nitrous Oxid-Oxygen Anesthesia.....	8	Icebox Incubation the Latest Step in Perfecting the Wassermann Test .....	207
Clinic and Curriculum, Anesthesia in.....	6	Indiana State Medical Association, Public Health Work by the.....	257
Club Feet, Facts Concerning.....	130	Indiana University School of Medicine, and the Robert W. Long Hospital.....	323
COTTON, C. C., Elwood (Focal Infections).....	158	Industrial Clinic, The.....	40
Cystoscope as an Aid in the Removal of Foreign Bodies in the Bladder.....	229	Infant Conservation .....	44
		Infections, Focal .....	158
D		Influenza, A Consideration of the Bacteriology and Pathology of the Epidemic of.....	149
Differential Diagnosis Between Lesions of Gallbladder and Stomach .....	186		
Differential Diagnosis of Affections of Right Upper Abdominal Quadrant .....	183	J	
Duodenal Ulcer, Medical Treatment of, with Special Reference to the Treatment of Hemorrhage .....	152	JOHNSON, GARDNER C., Evansville (An Interesting Case of Tuberculosis with a Period of Very High Temperature) .....	262
		Joint Conditions, Active Mobilization in.....	287
		JONES, J. G., Vincennes (Headache as a Symptom) 160	



cases, \$6 per day, or \$40 per week (one patient). Each additional patient, \$1.50 per day or \$10 per week. Graduate nurses on cases other than above, \$5 per day, or \$35 per week (one patient). Each additional patient, \$1 per day, or \$7 per week. Practical and undergraduate nurses from \$18 per week up.

THE new medical building of the Indiana University School of Medicine, erected on the grounds of the Robert W. Long Hospital of Indianapolis, will be completed and ready for occupancy at the opening of the school year, September 16. The building contains three class rooms with the capacity of 100 students each, three main laboratories, a large number of research laboratories, and commodious space for library containing all modern medical periodicals and reference books. All necessary features for the teaching of medicine have been embodied in this new building, the total cost of which amounts to about \$250,000.

At the July meeting of the Park Vermilion Medical Society the following fee bill providing for increasing rates was adopted, to take effect at once: Day call (mileage extra), \$2; night call (between 9 p. m. and 7 a. m.), \$3. Additional patients, \$1; mileage (for every mile or fraction), 75 cents; office calls at least \$1; telephone advice, at least 50 cents; vaccines and bacterin (price of vaccine extra), \$1; consultation (mileage extra), at least \$10; obstetrics (additional visits, mileage and complications extra), \$20; anesthetics, \$10; chemical analysis, \$1; health certificates, \$1; circumcision (without anesthetic), \$15; circumcision (with anesthetic), \$25; collecting specimens for microscopic analysis, \$1.

THE United States Public Health Service has issued a program intended especially to meet after-the-war needs and outlining health activities which are practicable and will yield the maximum result in protecting national health and diminish the annual toll of thousands of lives taken by preventable diseases and insanitary conditions. The program covers industrial hygiene, rural hygiene, prevention of the diseases of infancy and childhood, water supplies, milk supplies, sewage disposal, malaria, venereal diseases, tuberculosis, railway sanitation, municipal sanitation, health education, collecting of morbidity reports, and the organization and training for duty in emergency of the reserve of the Public Health Service.

DURING August the following articles have been accepted by the Council on Pharmacy and Chemistry for inclusion with New and Non-official Remedies:

Calco Chemical Co.: Cinchophen-Calco.

Geck Laboratory: Culture-Lac.

Eli Lilly and Co.: Tetanus Antitoxin-Lilly.

Fred I. Lackenbach: B. Coli Bacterin (Spec. Bact. Vac. No. 12); Gonococcus Bacterin (Spec. Bact. Vac. No. 9); Staph-Acne Bacterin (Spec. Bact. Vac. No. 6); Whooping Cough Bacterin (Spec. Bact. Vac. No. 14); Staphylococcus Bacterin (Spec. Bact. Vac. No. 1); Streptococcus Bacterin (Spec. Bact. Vac. No. 10); Typhoid Bacterin (Spec. Bact. Vac. No. 17); Typhoid-Paratyphoid Bacterin (Spec. Bact. Vac. No. 13).

THE next annual meeting of the American Public Health Association is to be held at New Orleans, October 27 to 30, inclusive. The central theme of discussion will be southern health problems, including malaria, typhoid fever, hookworm, soil pollution, etc. In view of the belief that influenza will return next winter, a full session will be devoted to this subject for the purpose of discussing methods of control. A special effort has been made to arrange the program to meet the practical needs of health officials. Accordingly, there will be discussions on such questions as the attitude of legislators toward public health, the obtaining of appropriate cooperation from the women's clubs, health organizations, etc. The program of the society will, as usual, deal with public health administration, vital statistics, sanitary regulations, industrial hygiene and personal hygiene. Winter rates to New Orleans will be in effect October 1. Further information regarding the meeting may be secured from the secretary, 169 Massachusetts Avenue, Boston, Mass.

THE dedication on August 10 of the Irene Byron Tuberculosis Hospital, Allen County's new institution, located near Fort Wayne, was attended with elaborate ceremony. Speakers on the program were Governor J. P. Goodrich, Prof. Victor Vaughan of Ann Arbor, Dr. William King, Dr. J. N. Hurty. This hospital, the successor to Fort Recovery Camp, is a monument not only to the Allen County Anti-Tuberculosis League, but also to the memory of Miss Irene Byron, formerly executive secretary and visiting nurse of the society, who gave her life in the service of her country, in the winter of 1918. The new hospital has accommodations

for seventy patients, and was erected at the cost of \$100,000, with a maintenance fund of \$43,000. Dr. J. A. Price is superintendent of the hospital, and the board of managers consists of Martin H. Luecke, president; Dr. Eric A. Crull, Charles M. Neizer, Dr. A. L. Schneider and Miss Gertrude Barber, R.N., secretary. The opening of this new hospital marks a great step in the progress of Allen County in public health work.

THE annual meeting of the Thirteenth District Medical Society was held at Culver Military Academy, Culver, Ind., Thursday, August 21. The morning was spent in recreation, including tennis, baseball, bathing, etc., and at noon picnic lunch was served by the ladies of the Medical Fraternity of Culver. The scientific meeting was called to order at 1:30 p. m., with the following program: Symposium on Pernicious Anemia: (a) Etiology and Pathology, M. W. Lyon, South Bend; (b) Symptoms and Diagnosis, Hugh Miller, South Bend; (c) Treatment, H. L. Cooper, South Bend. Discussion was opened by G. W. Anglin of Warsaw, E. W. Hoover of Elkhart and George Thompson of Winamac. "Disease of the Hip Joint," by Stanely A. Clark of South Bend; discussion opened by Dr. J. A. Work, Jr., of Elkhart. At 5 o'clock the doctors witnessed garrison parade by the cadets of Culver Summer School. At 5:30 they enjoyed a boat ride around Lake Maxinkuckee, and at 7 o'clock partook of a banquet at "The Jungle." The committee on arrangements consisted of Major C. E. Reed, Culver Military Academy; Dr. C. L. Slonaker and Dr. E. E. Parker.

## SOCIETY PROCEEDINGS

### THIRTEENTH DISTRICT MEDICAL SOCIETY

The Twenty-ninth semi-annual meeting of the Thirteenth District Medical Society was held at the Culver Military Academy, Culver, Indiana, August 21, 1919.

The minutes of the previous meeting were read and approved.

The Treasurer's report was read and referred to the auditing committee who reported it as correct and it was then accepted by the society.

Major C. E. Reed of the Culver Military Academy and chairman of the committee on arrangements, made a speech of welcome to the society which was very much appreciated.

Then followed a symposium on "Pernicious Anemia," the first paper of the afternoon being read by Dr. M. W. Lyon on "Etiology and Pathology." This

was followed by Dr. Hugh Miller on "Symptoms and Diagnosis," and by Dr. H. L. Cooper on "Treatment."

This symposium was discussed by Drs. G. W. Anglin, George Thompson, James Work, Jr., J. B. Berteling, D. A. Osterman and by Dr. Stemm, president of the Indiana State Medical Association.

The nominating committee consisting of Drs. Berteling, Parker and Willard Price, submitted the following names for the officers of the society for 1920:

President, Dr. C. Norman Howard, Warsaw.

Vice-president, Dr. C. E. Reed, Culver Military Academy.

Secretary-Treasurer, Dr. James A. Work, Jr., Elkhart.

These officers were then elected by the society.

The same committee in conjunction with Drs. Haywood, Frink and Spohn also submitted the following resolutions which were adopted by the society.

"The medical profession honors those of its fellowship who offered themselves that liberty might not perish; it venerates the names of those who fell in battle; but there is a peculiar tribute it would pay to those who *would* have fought but *could* not—who, in civil life, ignored the insuperable handicap of disease and gave themselves to the uttermost in the service of humanity; therefore,

*"Be it resolved*, by the Thirteenth District Medical Society, that to the memory of Drs. Paul B. Work, Elkhart; Charles E. Hansel, South Bend, and J. O. Walter, Bristol, who, fired by a zeal no less patriotic than that of their soldier brothers, died in the service of their fellow men, we render this tribute of respect, admiration and honor.

*"Be it resolved*, that the secretary send a copy of these resolutions to the relatives of the deceased and to the daily papers of their respective places of residence."

The nomination committee also submitted the following resolutions which were adopted:

*"Be it resolved*, that we, the members of the Thirteenth District Medical Society, extend to Major Reed of the Culver Military Academy, the medical profession of Culver and especially to the resident ladies, our profound appreciation of their hospitality, and that while we seek no future invitation we wish to assure them that should such an invitation honor us again we shall aim to have even a larger attendance than the present one."

The next place of meeting was left to the selection of the officers.

Dr. Stanley A. Clark of South Bend read a paper on "Diseases of the Hip Joint," which was discussed by Drs. Work, Jr., Col. Miller of the Surgeon General's office of the United States Army, Berteling and Trevor.

The society adjourned to join their families and with them witness the dress parade of the cadets of the academy and to enjoy a boat ride on Lake Maxinkuckee, after which a banquet was enjoyed at the "Jungle," there being ninety at the banquet.

The day was very much enjoyed throughout by the members and their families, due very largely to the committee on arrangements, consisting of Major C. E. Reed, C. L. Slonaker and E. E. Parker, all of Culver.



K		PAGE			PAGE
KENNEDY, T. C., Indianapolis (The Present Status of Radium Therapy) .....		36	POLAK, JOHN OSBORN, Brooklyn (Relation of Pulse Pressure and Kidney Function to Operative Prognosis) .....		1
Kidney Function and Pulse Pressure, Relation of, to Operative Prognosis .....		1	PORTER, MILES F., Fort Wayne (Report of a Case of Appendiceal Abscess Discharging Through the Vagina in a Girl of Nine Years).....		228
Kidney, Sarcoma of the, in a Ten Months Old Child .....		105	Prenatal Care, A Plea for.....		98
L			Prostate Gland and Neighboring Structures, Diseases of: Physiology, Symptomatology and Pathogenesis .....		260
LESPINASSE, V. D., Chicago (Diseases of Prostate Gland and Neighboring Structures: Physiology, Symptomatology and Pathogenesis)...		260	Public Health Work by the Indiana State Medical Association .....		257
Ligation of the Vessels in Toxic Goiter, Lobectomy vs. ....		230	Pulse Pressure and Kidney Function, Relation of, to Operative Prognosis .....		1
LINK, GOETHE, Indianapolis (Preliminary Thyroid Operations) .....		64	R		
Lobectomy vs. Ligation of the Vessels in Toxic Goiter .....		230	Radium Therapy, The Present Status of.....		36
M			RHAMY, B. W., Fort Wayne (Improving the Wasserman Test; Icebox Incubation the Latest Step) .....		207
MACDONALD, JOHN A., Indianapolis (Meningococcus Cerebrospinal Meningitis).....		291	(Vaccines and Serums—Their Use and Abuse) .		179
MARSHALL, A. L., Indianapolis (Management of Eye Cases by the General Practitioner).....		4	S		
MCCORMACK, C. O., Indianapolis (A Plea for Prenatal Care) .....		98	Sarcoma of the Kidney in a Ten Months' Old Child .....		105
MCKESSON, E. I., Toledo, Ohio (Cesarian Section and Obstetric Operations Under Nitrous Oxid-Oxygen Anesthesia) .....		8	SCHWEITZER, ADA E., Indianapolis (Infant Conservation) .....		44
Medical Organization Work .....		205	Serums and Vaccines—Their Use and Abuse....		179
Meningitis, Meningococcus Cerebrospinal.....		291	Soldier's Heart, The.....		74
Meningococcus Cerebrospinal Meningitis.....		291	SPURGEON, ORVILLE E., Muncie (Premature Alopecia) .....		191
MERTZ, H. O., LaPorte (Clinical Significance of Blood in the Urine).....		93	STEMM, W. H., North Vernon (Medical Organization Work) .....		205
MOON, VIRGIL H., Indianapolis (A Consideration of the Bacteriology and Pathology of the Epidemic of Influenza) .....		149	(Public Health Work by the Indiana State Medical Association) .....		257
MUMFORD, E. B., Indianapolis (Active Mobilization in Joint Conditions).....		287	Stomach, Differential Diagnosis Between Lesions of the Gallbladder and.....		186
N			T		
Nephritis and Infections of the Urinary Tract...		209	Tetanus, Treatment of, with Report of Six Cases. ....		321
Neuroses, War (Humes).....		123	Throat and Head Infections, Chronic, Medical Empiricism and the Pathology of.....		125
Neuroses, War (Patrick).....		33	Thyroid, The (Symposium presented at the Indianapolis, 1919, Session of the Indiana State Medical Association):		
Nitrous Oxid-Oxygen Anesthesia, Cesarian Section and Obstetric Operations Under.....		8	Bacteremias and Toxemias as They Affect Single Organs (H. O. Pantzer, Indianapolis)....		61
NIXON, J. SATER, Kokomo (Differential Diagnosis of Affections of Right Upper Abdominal Quadrant) .....		183	Preliminary Thyroid Operations (Goethe Link, Indianapolis) .....		64
NOBLE, T. B., Indianapolis (Lobectomy vs. Ligation of the Vessels in Toxic Goiter).....		230	Malignant Epithelial Growths of the Thyroid Gland (H. K. Bonn, Indianapolis).....		67
O			Tuberculosis, Interesting Case of, with a Period of Very High Temperature.....		262
Operative Prognosis, Relation of Pulse Pressure and Kidney Function to .....		1	U		
Obstetric Operations and Cesarian Section Under Nitrous Oxid-Oxygen Anesthesia .....		8	Ulcer, Duodenal, The Medical Treatment of, with Special Reference to the Treatment of Hemorrhage .....		152
P			Urinary Tract, Nephritis and Infections of the..		209
PANTZER, H. O., Indianapolis (Bacteremias and Toxemias as They Effect Single Organs)—The Thyroid .....		61	Urine, Blood in, Clinical Significance of.....		93
PATRICK, HUGH T., Chicago (War Neuroses)....		33			

V	PAGE
Vaccines and Serums—Their Use and Abuse....	179
W	
War Neuroses (Humes).....	123
War Neuroses (Patrick).....	33
War Wounds of the Abdomen, Some Observations on .....	225
Wassermann Test, Improving the; Icebox Incubation the Latest Step.....	207
WEAVER, B. P., Fort Wayne (Differential Diagnosis Between Lesions of the Gallbladder and Stomach) .....	186
WELBORN, JAMES Y., Evansville (Sarcoma of the Kidney in a Ten Months Old Child).....	105
WISHARD, W. N., Indianapolis (Foreign Bodies in the Bladder and the Cystoscope as an Aid in Their Removal) .....	229

EDITORIALS

American Medicine, Responsibilities of.....	212
Autocracy, American .....	80
Catgut Sterility .....	192
Credit Where Credit Is Due.....	331
Diet, Importance of .....	212
Economic Destruction of the Medical Profession.	163
Endocrine Dysfunction .....	192
Fees, Division of .....	299
Fees, Increasing Medical.....	247
Hands as Source of Infection in Transmissible Diseases .....	134
Hospitals, Raising the Standard of Indiana.....	247
Hyperthyroidism, New Aspects of.....	245
Indiana Doctors in the War, A Record of.....	332
Industrial and Social Unrest, The Present.....	302
Influenza and Syphilis of the Nervous System, Relationship Between .....	213
Influenza Relapses .....	11
Insurance, Keep Up Your War Risk.....	331
Investigation Based on False Premises.....	134
Investments for the Doctor.....	264
Legislative Generosity in Fighting Tuberculosis in the Human and Animal Families.....	164
Medical Reserve Corps, Reorganization of the..	135
Medical Reserve Corps, The.....	13
Medical Society Slackers .....	301
Medicine, One Standard for the Practice of....	11
Nurse, A Field for the Practical.....	162
Osler, Sir William .....	248
Pneumonia Prophylaxis .....	13
Pneumonia, The Cause of Postinfluenzal.....	50
Postsurgical Risks .....	300
President, Our .....	245
"Pulse, Feeling the".....	246
Prohibition Sequelae .....	265
Roentgenology a Specialty.....	162

	PAGE
Salvation Army War Service.....	135
Schooling, All-Year Medical.....	12
“Selling Patients” .....	266
Social and Industrial Unrest, The Present.....	302
Superheroes, Concerning .....	299
Syphilis of the Nervous System, Relationship Between Influenza and .....	213
Syphilis, The Diagnosis and Cure of.....	264
Teeth and Tonsils, The Slaughter of.....	329
Tobacco Prohibition .....	106
Tooth Brush, The Unsanitary and Unhealthful..	80
Traitors and Disloyalists .....	330
Tuberculosis, in the Human and Animal Families, Legislative Generosity in Fighting.....	164
Tuberculosis, Sanatorium Treatment of.....	106
Venereal Diseases, Reporting .....	300
“Victory Loan, The Profession and the”.....	51
Victory Session of the A. M. A., The.....	50
Wassermann Test and Its Application, The....	77

DEATHS

Adair, Samuel Lowery.....	338
Alexander, John H.....	274
Andrew, Virgil E.....	305
Angell, Charles E.....	198
Baldwin, Ashton M.....	140
Barker, Joel T.....	306
Barlow, Bryan .....	217
Barnett, Mrs. W. W.....	305
Barney, Lee M.....	274
Barrett, Commodore P.....	111
Bastin, Joel V.....	198
Beard, E. D.....	166
Biddinger, Solomon W.....	52
Biery, Theophilus E.....	84
Blythe, William R.....	216
Boner, Catherine .....	17
Boston, Charles H.....	52
Bounell, Thomas A.....	217
Brady, Thompson R.....	111
Briggs, Mary .....	198
Brown, Laura A.....	305
Brown, Theodore F.....	274
Bulson, Eva Maude.....	198
Burford, John T.....	274
Burroughs, Mary .....	305
Byers, Walter M.....	274
Carey, David.....	216
Carter, James H.....	111
Coble, Paul B.....	166
Coblentz, J. W.....	198
Cook, Mrs. George J.....	17
Cosby, L. B.....	34
Cox, Edgar .....	52
Cravens, Elmer R.....	52
Current, Effie A.....	198



	PAGE		PAGE
Davis, Emily James.....	17	Orf, George .....	217
Dickey, Andrew S.....	84	Parr, George L.....	140
Dougan, David H.....	338	Paul, Benjamin D.....	198
Eads, Thomas L.....	274	Pierson, William M.....	217
Eastman, Thomas Baker.....	338	Quikel, Magdaline .....	52
Elder, John R.....	110	Redmon, Andrew Jackson .....	17
Farver, George W.....	338	Reiley, John H. S.....	18
Fenton, S. C.....	17	Richard, Samuel D.....	140
Ferguson, William T.....	217	Richardson, William H.....	306
Fetzer, John E.....	139	Roberts, Jeremiah .....	17
Fitch, Alexander P.....	18	Sensenich, Aaron S.....	198
Franks, Hamilton P.....	338	Shirely, Henry W.....	84
Galloway, Ulysess Grant .....	217	Smith, Alexander C.....	338
Gantz, Thomas .....	140	Smith, Carter H.....	217
Gardner, Joseph .....	84	Smith, Laetitia B.....	216
Gronendyke, Mary Catherine.....	139	Smith, William A.....	84
Gronendyke, Oliver J.....	338	Strickler, Stephen L.....	166
Hansel, Charles E.....	217	Stegner, Pearl .....	274
Hansel, Rose .....	305	Surber, Abbie K.....	166
Heller, Fred .....	217	Tepe, George W.....	18
Henderson, Fred A.....	52	Thomas, Harvey C.....	84
Hockett, George H.....	17	Thompson, Eugene C.....	84
Holtzman, W. Rice .....	52	Toney, John M.....	306
Howes, Jarvis .....	84	Trueblood, Elias .....	110
Houser, James A.....	217	Tucker, Arthur W.....	166
Hubbard, W. H.....	274	Tuttle, John R.....	84
Hurt, William J.....	305	Vaughn, Martin .....	52
Jackson, Sarah C.....	166	Walker, Wilma .....	274
Jessup, Robert B.....	84	Walthall, John C.....	140
Johnson, William H.....	111	Ward, James O.....	52
Kennedy, Daniel P.....	52	Washburn, Samuel S.....	84
King, Jerome M.....	198	Weist, Harry .....	110
Lanam, Jesse H.....	139	Welborn, Mrs. James Y.....	17
Landes, Bertram .....	52	Wharton, James O.....	140
Langsdale, J. M. W.....	84	Whitney, Emma A.....	198
Larimore, Martha .....	216	Williams, Louis L.....	338
Lee, Fannie .....	338	Willien, Leon J.....	198
Linthicum, Edward .....	17	Wolfe, Zeloetus C.....	217
Loomis, Charles .....	84	Wood, Hugh Dudgeon .....	18
Lothrop, Alonzo H.....	338	Work, Paul Bartholomew .....	198
MacCoy, Edward L.....	216	Work, William F.....	306
Maddox, Mary Emily .....	216	Wort, George B.....	139
Martin, Mrs. J. S.....	198	Young, Stephen .....	140
May, F. E.....	305	Zook, James O.....	139
McClain, Mandeville W.....	18		
McCleary, David A.....	139		
Medley, William R.....	84		
Mellette, U. N.....	17		
Miller, Agnes O'Bryne .....	17		
Miller, Lewis C.....	140		
Millis, Edward D.....	17		
Morrison, T. R.....	216		
Newcomer, Sarah E.....	305		
Newhouse, John T.....	139		
Nusbaum, Charles E.....	140		

## SOCIETY PROCEEDINGS

Council, The .....	57
Delaware-Blackford County .....	24, 120, 146
Dubois County .....	58
Eighth District .....	318
Eleventh District .....	318, 345
Fourth District .....	173
Health Officers' School .....	172

	PAGE		PAGE
Indiana Academy of Ophthalmology and Otolaryngology .....	203	Mayo Clinics, 1918 Collected Papers of the..	286, xviii
Indiana State Medical Association.....	24, 279	Medical Clinics of North America, Vol. II, No. 4 (Saunders Co) .....	204, xviii
Indianapolis Medical Society..	58, 89, 119, 173, 318, 344	Medicine, A Textbook of the Practice of (Anders) ..	30
Martin County .....	26	Medicine as a Profession (Weaver).....	29
Montgomery County .....	26, 91, 175, 319	Mental Diseases (Gulick) .....	256, xviii
Pike County .....	283	Microscopy and Chemistry, Clinical (McJunkin) .	177
Ripley County .....	26	Military Hygiene and Sanitation (Keefer).....	28
Thirteenth District Medical Society.....	253	Military Surgery of the Ear, Nose and Throat (Loeb) .....	Adv. p. xviii
Union County .....	283	Neoplastic Diseases (Ewing) .....	178, xvii
<b>BOOK REVIEWS</b>			
Analysis, A Laboratory Manual of Qualitative Chemical (Bliss) .....	60	Nervous System and Its Conservation, The (Stiles) .....	28
Anatomy, Applied (Treves) .....	224, xviii	Neurology, An Introduction to (Herrick).....	224
Bacteriology, A Textbook on General (Jordan)..	349	Nose, Throat and Ear, A Manual of Diseases of (Gleason) .....	286
Bacteriology, Principles of (Eisenberg).....	28	Nostrums, Miscellaneous .....	350
Biochemistry and Physiology in Modern Medicine (Macleod) .....	256, xviii	Nurses, Clinical Medicine for (Ringer).....	177
Bone Surgery, Modern Operative (Geiger).....	29	Nursing, Home, A Textbook on. Modern Scientific Methods for the Care of the Sick (Harrison) .....	28
Cancer, What We Know About (American Society for the Control of Cancer).....	320, xviii	Nursing, The Higher Aspect of (Harding).....	256
Children, Nursing in Diseases of (Leo-Wolf)...	27	Nutrition, The Science of (Lusk) .....	29
Chemistry and Microscopy, Clinical (McJunkin) .	177	Obstetrics, The Principles and Practice of (DeLee) .....	122
Chemistry for Nurses, A Textbook of (Peters)..	224	Operations of Obstetrics (Leavitt).....	349
Clinical Diagnosis (Todd).....	30	Oral Diseases and Malformations, The Surgery of (Brown) .....	29
Dentition, Mammalian, An Introduction to (Wingate) .....	28	Orthopedic Surgery, A Treatise on (Whitman)..	178
Diet in Health and Disease (Friedenwald).....	350	Orthopedic Treatment of Gunshot Injuries (Leo Mayer) .....	320
Dietetics, Essentials of (Perry) .....	27	Pathological Technic (Mallory) .....	286, xviii
Dispensaries; Their Management and Development (Davis) .....	204, xviii	Pawns of Fate, The (Bowers).....	28
Ear, Nose and Throat, A Manual of Diseases of the (Gleason) .....	286	Peritoneum, The (Hertzler) .....	349
Examination Methods, Psychiatric - Neurologic (Winner) .....	350	Pharmacology, Experimental (McGuigan).....	350
Gunshot Injuries, Orthopedic Treatment of (Leo Mayer) .....	320	Physiology, A Textbook of (Howell).....	178
Gynecology (Graves) .....	32	Physiology and Biochemistry in Modern Medicine (MacClood) .....	256, xviii
Gynecology, A Manual of (Hirst).....	285	Physiology for Nurses, A Textbook of (Christian-Haskell) .....	27
Head, Diseases of the, Roentgen Diagnosis of (Schuller) .....	30	Practical Medicine Series for 1919, Vol. I (Billings) .....	256, xviii
Hodgen Wire Cradle Extension Suspension Splint (Nifong) .....	60	Practical Medicine Series for 1919, Vol. II (Ochsner) .....	286, xviii
Home Nursing and Personal Hygiene (Lippitt) .	177	Progressive Medicine, Vol. XXI, No. 5 (Hare)..	178
Hospital as a Social Agent in the Community, The (Catlin) .....	28	Progressive Medicine, Vol. XXII, No. 2 (Hare) .....	204, xviii
Hygiene and Public Health (Price).....	286	Progressive Medicine, Vol. XXII, No. 3 (Hare) .	286
Hygiene for Nurses (Mumey).....	28	Public Health and Hygiene (Price).....	286
Hygiene, Personal and Home Nursing (Lippitt) .	177	Pulmonary Tuberculosis (Fishberg).....	Adv. p. xviii
Infancy and Childhood, Diseases of (Koplik)....	29	Quarterly Medical Clinics (Smithies).....	148, xviii
Infant Feeding, Principles and Practice of (Hess) ..	256	Roentgen Diagnosis of Diseases of the Head (Schuller) .....	30
Infection Carriers, Human (Simon).....	350	Sex and Sex Worship (Phallic Worship) (Woll) .	286
Materia Medica for Nurses, A Textbook of (Muirhead) .....	286	Skeleton, The Human (Walter).....	224
		Splint, The Hodgen Wire Cradle Extension Suspension (Nifong) .....	60



	PAGE		PAGE
Surgery, Essentials of (McDonald).....	256	Training School Methods for Institutional Nurses	
Surgical Treatment, Vol. I (Warbasse).....	32	(Aikens) .....	286
Surgical Treatment, Vol. II (Warbasse).....	60	Tuberculous, Information for the (Wittich).....	204
Surgical Treatment, Vol. III (Warbasse).....	178	Tuberculosis, Pulmonary, Rules for Recovery	
Therapeutics, Practical, A Textbook of (Hare)		from (Brown) .....	256
.....	178, xviii	War and Surgical Nursing (Barkley).....	27
Throat, Nose and Ear, A manual of Diseases of		War Surgery, Abstracts of (Division of Surgery,	
the (Gleason) .....	204	Surgeon-General's Office) .....	29
		War Wounds, The Treatment of (Keen).....	28

# The Natural Coagulant of Blood

Thromboplastin Solution (Armour) is a specific hemostatic and is made from the brain substance of Kosher killed cattle. This brain tissue of cattle killed according to Mosaic law is uninjured and by the Armour process this "principle" which causes coagulation is extracted and supplied to the medical profession in standardized and sterilized form.

Thromboplastin Solution (Armour) is useful in the treatment of hemorrhage especially that from oozing surface, scar tissue and the nose and throat.

25 c. c. vials, in dated packages.

Pituitary Liquid (Armour) is the most trustworthy solution of the Posterior Pituitary Substance. It is free from preservatives and is standardized physiologically by the Roth method.  $\frac{1}{2}$  c. c. and 1 c. c. ampoules.

Thyroids (Armour) runs uniformly 0.2 per cent organic iodine in Thyroid combination. Thyroid Tablets (Armour)  $\frac{1}{4}$ ,  $\frac{1}{2}$ , 1 and 2 grain. When Thyroids is indicated specify Armour's.

*We offer all the endocrine gland preparations in powder and tablets. All drying of the glands is done in vacuum ovens at a low temperature. This insures uninjured therapeutic value.*

Circulars on request

**ARMOUR AND COMPANY**  
CHICAGO



*"It is not so much where one takes the treatment, as how he takes it."—Brehmer.*

## The Rockhill Sanatorium for the Treatment of Tuberculosis

Beautifully situated on Indian Hill, ten miles from the center of the city

A modern home-like institution with every convenience where the cardinal points of the treatment—rest, fresh air, nutritious food, and peace of mind can be had. Write for booklet.

Artificial Pneumothorax and Tuberculin  
given in suitable cases

City Office 910 Union Central Bldg., CINCINNATI, OHIO

**DR. C. S. ROCKHILL**  
Medical Director

## ASTHMA

Its treatment with

### BENZYL BENZOATE

See "Southern Medical Journal" July, 1919, page 370

*"Case 4—Mrs. G., 30 years old. She has been suffering for several years with very acute attacks of asthma, which were not relieved by adrenalin and required morphin injections several times. The patient was given 20 drops of 20 per cent solution of benzyl benzoate four times a day and was improved more than by any other treatment. The blood examination showed 15 per cent of eosinophiles."*

### DYSMENORRHEA AND OTHER COLICS

See "The Journal" A. M. A., August 23, 1919, pages 599 and 601

Solution of

### BENZYL BENZOATE MISCIBLE, H. W. & D.

Each 5 minims represent 1 minim of Benzyl Benzoate

Palatable when mixed with a liberal amount of water or a smaller quantity of milk and sweetened.

Supplied in Two Fluid Ounce Bottles. Through Trade or Direct

Circular upon request

**HYNISON, WESCOTT & DUNNING**  
BALTIMORE



(Continued from page 350)

**PULMONARY TUBERCULOSIS.** By Maurice Fishberg, M.D., Clinical Professor of Medicine, New York University and Bellevue Hospital Medical College; Attending Physician Montefiore Home and Hospital for Chronic Diseases. 100 engravings and 25 plates. Philadelphia and New York: Lea and Febiger, 1919. Cloth, \$6.50.

This work needs no introduction. The first edition, brought out only a relatively short time ago, has made this book known to a very large part of the profession, and to nearly all those interested in the study of tuberculosis.

In this book the subject of pulmonary tuberculosis is presented by one who is a recognized authority in this special branch, and who knows how to present his subject in such a way that the student or reader can obtain all the important information bearing on this disease. Accordingly there is available the sum and substance of all the knowledge with reference to tuberculosis of the lungs that can be obtained up to the present time. Not only is it unusually well presented and written, but it contains quite a number of most excellent illustrations. In fact, in every way it is a book of the highest quality, and can unhesitatingly be acknowledged as one of the foremost present day texts on pulmonary tuberculosis.

**EVERYDAY GREEK.** By Horace Addison Hoffman, Professor of Greek and Dean of the College of Liberal Arts, Indiana University. 107 pages. Chicago: The University of Chicago Press. Cloth, \$1.35, postpaid.

This book has been prepared with the view to help the student in the review and in the application of his knowledge of Greek, as well as to assist others in acquiring in the shortest and most direct way a sufficient knowledge of Greek to enable them to trace the origin and feel the force of scientific terms and other words of Greek origin. In so far as scientific terms are concerned the author has given a preponderance of medical terms, inasmuch as he has tried to make the work especially helpful to medical students.

The book contains chapters on the Alphabet, Parts of Speech and Word Formation, word groups for study, and two valuable chapters containing a vocabulary and an index and key to derivation.

**MILITARY SURGERY OF THE EAR, NOSE AND THROAT.** By Habau W. Loeb, M.D., Major, Medical Reserve Corps, U. S. A., St. Louis. 176 pages. Philadelphia and New York: Lea and Febiger, 1918. Cloth, \$1.25.

This is Medical War Manual No. 8, authorized by the Secretary of War, and is a review of the surgical literature of the war in so far as it pertains to the ear, nose and throat. No attempt has been made to present elementary principles and practice, inasmuch as the manual is intended for those who have been especially prepared to do ear, nose and throat work. The book contains interesting chapters on war injuries of various kinds, Psychoneuroses, Malingering, The Ear and Aviation, and Reconstruction and Re-education, with pertinent comments by the author. A chapter composed of thirty pages is devoted to references.

## SUCCESSFULLY PRESCRIBED OVER ONE-THIRD CENTURY

# “Horlick’s”

**The STANDARD product, assuring the most  
reliable results from the use of Malted Milk**

Imitators cannot reproduce our Original process and consequently lack the distinctive quality and flavor of the Genuine “Horlick’s”

*For information concerning medical and surgical  
uses, and for prepaid samples, write—*

**Horlick’s Malted Milk Co.**  
RACINE, WIS.

PURITYPOTENCYTRUSTWORTHINESS

CHARACTERIZE ALL OF

# SQUIBB'S BIOLOGICALS

AS WELL AS ALL SQUIBB PHARMACEUTICALS AND CHEMICALS

*PARTICULARLY WORTHY OF NOTE FOR USE AT THIS TIME OF THE YEAR ARE*

## TYPHOID VACCINE

## TETANUS ANTITOXIN

Which always should be used early, therefore kept on hand ready for immediate use.

## ANTI-MENINGITIC SERUM (Polyvalent)

Equally balanced against all types of Meningococci.

## DIPHTHERIA ANTITOXIN (Globulin)

Which is small in bulk for the number of units, as is also the Squibb Tetanus Antitoxin.

## THROMBOPLASTIN (Containing all cerebral haemostatic substances, including Kephalin in full amount)

For local use and use hypodermically. Causes physiological clotting without danger of Thrombosis or of Embolism.

## LEUCOCYTE EXTRACT (Is a Sterile Extract of Healthy Leucocytes)

For use alone or with vaccines and serums. It increases Leucocytosis and Phagocytosis.

---

 Full Directions with Each Package
 

---




---

 Complete Literature on Request
 

---

### E. R. SQUIBB & SONS, NEW YORK

MANUFACTURING CHEMISTS TO THE MEDICAL PROFESSION SINCE 1858.

80 BEEKMAN STREET





## The Importance of Larger Doses

ONE in every ten cases of diphtheria in the United States terminates in death, according to the New York City Board of Health. This high death-rate can be materially lowered by the early administration of large doses of diphtheria antitoxin. The average dose employed at the present time is 5000 units. Authorities assert that it should be 10,000 units.

Physicians who get the best results from diphtheria antitoxin give large doses early in the course of the disease. They administer initial injections of ten to twenty thousand units in all suspected cases. There is little danger from big doses. This fact is generally conceded. The real risk lies in reliance upon too small doses.

Higher unit dosage is now possible. Parke, Davis & Company are producing high-potency antitoxin that is from three to five times more concentrated than the serum supplied several years ago. What are the advantages of this concentrated and refined high-potency antitoxin? There is less liquid to inject, absorption is more prompt, results are quicker and better, lives are saved which would otherwise be lost.

Ask your druggist for P. D. & Co.'s Diphtheria Antitoxin.

**Parke, Davis & Company**

DETROIT











*The New York Academy of Medicine*

**DUE IN TWO WEEKS UNLESS RENEWED.**

**NOT RENEWABLE AFTER 6 WEEKS.**

[illegible]

